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ABSTRACT

From 1996-2001, the Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS) has worked to support practitioners in increasing their understanding and awareness of the impact of culture and language on their interactions with children and families. This report presents four articles outlining some of the key concepts and underpinnings of the CLAS Institute. Section 1, "Cultural Definitions and Issues" (Georgia Earnest Garcia), provides a working definition of culture and identifies some cultural issues that have influenced the work of the CLAS Institute. Section 2, "An Introduction to Cross-Cultural Communication (Ruth Watkins and Janet Eatman), provides an overview to the issues of cross-cultural communication. In Section 3, "Multicultural Views of Disability" (Tess Bennett, Chun Zhang, and Laura Hojnar Tarnow), a discussion is provided about beliefs on disability, beliefs about health and healing, and expectations of the child's social roles. Finally, Section 4, "Cross-Cultural Conceptions of Child-Rearing: Implications for Reviewing/Evaluating Intervention Practices" (Jeanette McCollum, Tweety Yates, Micki Ostrosky, and James Halle), presents some conclusions highlighting the relationships between cultural context and parenting. Extensive references and information about the CLAS Institute are included. (Author/SG)

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Cross-Cultural Considerations in Early Childhood Special Education

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August 2001

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Culturally & Linguistically Appropriate Services
Early Childhood Research Institute

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Cross-Cultural Considerations in Early Childhood Special Education

University of Illinois at Urbana-Champaign

C.L.A.S.S.

Culturally & Linguistically Appropriate Services

Early Childhood Research Institute

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Introduction: Considering Culture

The United States is one of the most culturally, ethnically, racially, and linguistically diverse countries in the world (U.S. Census Bureau, 1999). Currently, in urban environments and in some states such as California, children and families once designated as "minority" are now considered the "majority" (Garcia & McLaughlin, 1995; Lynch & Hanson, 1998). Demographic researchers project that by the year 2080, the majority of individuals residing in the United States will be from populations previously described as "minority," with Hispanics/Latinos comprising the largest cohort (Bacharach, 1990).

Today's professionals are likely to work with many families whose beliefs, values, customs, language, behaviors, and attitudes are different from their own (Hanson & Lynch, 1998; Hains, Lynch, & Winton, 2000). As a result, service providers' beliefs or values regarding child-rearing, early intervention, parental advocacy, communication, and everyday activities related to feeding, sleeping arrangements, toileting and play may differ from those of some of the families they serve (Gonzalez-Mena, 1997). The extent of these differences may jeopardize even the establishment of a relationship between service systems and families. Service providers often will recognize these differences as legitimate only when they can identify and understand their own assumptions and practices (Barrera, 2000).

Craig, Hull, Haggart, and Perez-Selles (2000) wrote that many practitioners tend to be well-meaning yet uninformed when working with children and families whose backgrounds are different from their own. "These professionals are unable to see the ways in which their unconscious cultural perspectives shape and shade their own view of the teaching/learning process" (p. 7). Researchers have emphasized the need for us to gain an understanding of our own culture and to acknowledge the cultural framework or lens through which we view the world (Barrera, 2000; Gonzalez-Mena, 1997; Hains, Lynch & Winton, 2000; Kalyanpur & Harry, 1999; Lynch & Hanson, 1998). Understanding our own cultural lens will help us become more aware of the impact of our interactions with children, families and communities.

From 1996-2001, the OSEP-funded Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS), which is a multi-university, multi-organization collaborative effort to enhance and improve services for young children with disabilities and their families from diverse backgrounds, has worked to support practitioners in increasing their understanding and awareness of the impact of culture and language on their interactions with children and families. The universities and organizations that make up the CLAS Institute include the University of Illinois at Urbana-Champaign (UIUC), University of

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INTRODUCTION: CONSIDERING CULTURE

Wisconsin-Milwaukee, California State University in Northridge and San Diego State University, The Council for Exceptional Children (CEC), ERIC Clearinghouse on Disabilities and Gifted Education, and ERIC Clearinghouse on Elementary and Early Childhood Education (ERIC-EECE). The goals of the CLAS Institute are to identify, evaluate and promote materials and practices that are effective, appropriate and sensitive to diverse children with disabilities and families. CLAS has identified and reviewed practices and materials that address four major themes: Child Find and Child Assessment, Child Instruction, Family Services and Personnel Training.

This technical report presents four articles outlining some of the key concepts and underpinnings of the CLAS Institute. ***Section 1*** provides a working definition of culture and identifies some cultural issues that have influenced the work of the CLAS Institute. Some of the issues that are explored include moving from an etic to an emic perspective, knowledge acquisition, and cultural constructs, characteristics and processes. The implications for early childhood practitioners are also discussed.

The information presented in this report is intended to provide part of our journey, as the staff of the CLAS Institute works to understand the interplay between culture, language, and early intervention services.

Section 2 provides an overview to the issues of cross-cultural communication. Key concepts are provided, as the authors identify several critical issues, including sources of misunderstanding in cross-cultural communication. The chapter examines differences in communication across individualistic and collectivist and high- and low-context cultures. Strategies are provided for enhancing communication between service providers and families.

In ***Section 3*** a discussion is provided about beliefs about disability, beliefs about health and healing, and expectations of the child's social roles. While a number of factors impact a family's decision to access early intervention services, cultural beliefs about the cause of the disability and the expected development of the child have a significant influence on this decision. A number of cultural beliefs are explored to provide insight into the continuum of practices and values early childhood practitioners are likely to encounter.

Finally, ***Section 4*** presents some understandings highlighting relationships between cultural context and parenting. Key understandings are explored of the role of child-rearing as a part of the larger cultural system. Sample applications of the issues presented are offered to assist practitioners in operationalizing the ideas discussed in this chapter.

The work of the CLAS Institute has been developmental. The project staff and collaborators have grown together on this life-long journey toward cultural awareness and cultural competence. The information presented in this report is

intended to provide part of our journey, as we work to understand the interplay between culture, language, and early intervention services. It is hoped that this report, along with the other Technical Reports in this series, will help form the basis for greater sensitivity to families among professionals.

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Section 1

CULTURAL DEFINITIONS AND ISSUES

Georgia Earnest García

There are many definitions of culture that have influenced the work of the CLAS Institute specifically, in addition to the early childhood field in general. Trueba, Jacobs, and Kirton (1990) point out that the study of culture has become more complex as scholars have moved from describing cultures distinct from their own to working with groups of people from diverse backgrounds within their own culture. Scholars outside the specific domain of anthropology have embraced the concept of culture, and new methodological approaches for studying culture have been developed. A review of cultural definitions is somewhat cursory and introductory. Students of culture continue to grapple with definitions of culture. In fact, it is not unusual for them to write entire books or treatises on the concept of culture. In this section, a range of definitions is provided that supported the work of the CLAS Institute. For each set or category of definitions, a short section is provided that delineates some of the implications for early childhood programs.

The study of culture has become more complex as scholars have moved from describing cultures distinct from their own to working with groups of people from diverse backgrounds within their own culture.

Defining Culture

Etic and Emic Concerns

Goodenough (1981) explains that the term culture originally came from the German word "Kulture." During the nineteenth century, "Kulture" reflected the "customs, beliefs, and arts" of the better educated classes of Europe. Societies were judged and ranked according to how close their customs, beliefs, and arts approximated those of educated Europeans. Then, in the late 1800s and early 1900s, many anthropologists adopted Tylor's (1903, p. 1) definition of culture as "that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by

CULTURAL DEFINITIONS AND ISSUES

mal, as a member of society" (as cited in Goodenough, p. 48). Although anthropologists began to view each society as having its own unique culture, many of them still focused on the exotic and described cultural characteristics of another population from an "etic" or outsider perspective. Few of them took into account their own cultural biases. According to Goodenough, many of them uncritically equated "one language, one culture, one people" (p. 3).

In 1964, Frake warned that anthropologists needed to go beyond merely describing cultural behavior, as reflected in Tylor's definition, to interpreting cultural appropriateness by specifying "the conditions under which it is culturally appropriate to anticipate that he [the observed], or persons occupying his role, will render an equivalent performance" (as cited in Trueba, et al., 1990, p. 112). Goodenough's (1981) work broadened the concept of culture to include norms that guided the behavior and thinking of members of the same culture. Goodenough conceded that it might not be possible to predict a specific individual's behavior within a culture, but he argued that it should be possible to predict the "standards" or norms that guided the individual's behavior and thinking. According to Goodenough (1963, p. 259),

> Culture, then, consists of standards for deciding what is, standards for deciding what can be, standards for deciding how one feels about it, standards for deciding what to do about it, and standards for deciding how to go about doing it (as cited in Goodenough, 1981, p. 62).

The emphases on cultural appropriateness and norms eventually led to the advancement of the "insider's" perspective or the "emic" perspective – what the Spindlers (1987) called "the view of and the knowledge of the native" (p. 70). Prior to this time, anthropologists frequently used an etic or outsider's perspective to categorize and compare cultures (Goodenough, 1981).

Although anthropologists began to view each society as having its own unique culture, many of them still focused on the exotic and described cultural characteristics of another population from an "etic" or outsider perspective.

Although the etic perspective is still an important tool in anthropology, its role has changed. The Spindlers explain that, as ethnographers (researchers who are interested in cultural descriptions and interpretations), they begin with the "emic position ... and work our way to the etic, interpretive position" (p. 70). They warn that it is the "interpretive product... that usually gets us into trouble with the natives when they read it [the cultural interpretation]" (p. 70).

Implications for Early Intervention Practice

The distinction between an etic perspective and an emic perspective (including Spindler's warning about the former) seems particularly important for the early childhood field. In deciding whether practices are linguistically and culturally appropriate, we need to take an emic perspective. Otherwise, our

interpretations will be ethnocentric, similar to those expressed when anthropologists used the "better educated Europeans" as the cultural standard. Jackson's (1993) article on multiple caregiving among African Americans and infant attachment is a good example of how an emic approach can guide research. She defines an emic approach as giving first priority to the identification of behavioral patterns that are normative for the cultural group.

An emic approach means that we will have to rely on individuals with expert knowledge about individual cultures or become experts ourselves. Lynch (1992) provides suggestions for how we can better prepare ourselves to work with children and families from diverse cultural backgrounds (heightening our cultural self-awareness, learning about other cultures by reading and studying, relying on knowledgeable individuals from the respective cultures to serve as our guides or mediators, actively participating in the culture, and learning the language of the culture, p. 39). It is critical that service providers engage in all of these practices.

Looking at what the cultural community considers to be unusual, a delay, a problem, or a disability (i.e., taking an emic perspective) will help us in our assessment and evaluation of culturally appropriate practices.

Looking at what the cultural community considers to be unusual, a delay, a problem, or a disability (i.e., taking an emic perspective) will help us in our assessment and evaluation of culturally appropriate practices. In evaluating the appropriateness of practices, we need to be aware of how the norms that guide the practices, as well as the beliefs that underlie them, might conflict with those of a specific cultural community. Appropriate role differentiations also might affect how families or caregivers are approached and involved.

Goal Orientation

In the 1980s, D'Andrade (1984) focused on understanding cultures as systems or functions of meaning. He proposed four functions of meaning: the representational (representing knowledge and beliefs about the world); the constructive (creating cultural entities, allowing for adaptation, variation, and change); the directive (explaining how socialization results in our responding to needs and obligations); and the evocative (the creation of certain feelings). By viewing culture in this way, he could account for Tylor (1901), Frake (1964), and Goodenough's (1981) definitions, acknowledge that culture is both learned and transmitted, and propose that culture affects individuals' motivational goals and sense of satisfaction or anxiety.

D'Andrade argued that "through the process of socialization, individuals come to find achieving culturally prescribed goals and following cultural directives to be motivationally satisfying and to find not achieving such goals or following such directives to be anxiety producing" (p. 98).

Critical theorists, such as Freire and Macedo (1987), also talked about culture and cultural processes in terms of goals and goal fulfillment. However, they focused on how social stratification and class relations resulted in unequal power relationships, and the influences that such relationships had on social groups and individuals' goal definitions.

Implications for Early Intervention Practice

We need to understand to what extent certain practices heighten or reduce cultural groups' anxieties about soliciting, accepting, or rejecting services. Understanding how violations of cultural goals could result in high levels of anxiety would be helpful. Similarly, being aware of cultural groups' views of class relations and power relationships might help us to understand their willingness or reticence to seek out, accept, or continue services.

In assessing children and recommending interventions, we need to keep in mind Freire's comment that "only those who have power can generalize and decree their group characteristics as representative of the national culture" (Freire & Macedo, 1987, p. 52).

Culture, Language, and Discourses

Although anthropologists historically have been fascinated with the link between culture and language, it was the work of Dell Hymes (1964) and subsequent sociolinguists that inextricably linked language and culture. Part of the controversy about the language and culture relationship was due to the fact that there are universal features of language that cut across cultures. However, research in the field of ethnography of communication demonstrated that patterns of communicative behavior (both verbal and non-verbal) comprise a key element of culture, at the same time that they are affected by the cultural context and relate to other elements of culture (such as belief systems, values, etc.) (Saville-Troike, 1989). As Wertsch (1987, pp. 20-21) explains, "culture either determines or at least it facilitates a conscious, collective choice of communicative strategies" (as cited in Trueba, et al., 1990, p. 126).

> "Through the process of socialization, individuals come to find achieving culturally prescribed goals and following cultural directives to be motivationally satisfying and to find not achieving such goals or following such directives to be anxiety producing."

> Interventionists need to understand to what extent certain practices heighten or reduce cultural groups' anxieties about soliciting, accepting, or rejecting services.

Communicative competence is a key construct for understanding cultural differences in communication strategies. According to Saville-Troike (1989), communicative competence refers to what a cultural participant needs to know both linguistically and in terms of roles and norms to communicate appro-

CULTURAL DEFINITIONS AND ISSUES

Cultural differences in communicative strategies and competencies have major implications for how we convey information, assess children's progress, and recommend and implement interventions.

priately with other cultural members. Communicative competence extends to both knowledge and expectation of who may or may not speak in certain settings, when to speak and when to remain silent, whom one may speak to, how one may talk to persons of different statuses and roles, what appropriate nonverbal behaviors are in various contexts, what the routines for turn-taking are in conversation, how to ask for and give information, how to request, how to offer or decline assistance or cooperation, how to give commands, how to enforce discipline, and the like – in short, everything involving the use of language and other communicative dimensions in particular social settings (p. 21).

A number of researchers in the U. S. (García, Pearson, & Jiménez, 1994) have documented cultural differences in communicative practices of specific racial/ethnic groups that conflict with the communicative practices rewarded and expected by teachers. Gee (1990) discusses the link among language, culture, and thought in terms of discourses. He defines discourses as instantiations of specific roles by identifiable groups of people in terms of how they behave, interact, value, think, believe, speak, read, and write. Discourses reflect ideologies, tend to be tacit or taken for granted, and generally imply "what counts as a 'normal' person and the 'right' ways to think, feel, and behave" (p. xx). In a sense, discourses reflect our membership or identification with a range of cultural subgroups because we all employ a number of discourses. For example, a mainstream educator generally will have a discourse related to the importance of learning and attaining a quality education that will involve specific communication practices and behavior expectations.

Implications for Early Intervention Practice

Cultural differences in communicative strategies and competencies have major implications for how we convey information, assess children's progress, and recommend and implement interventions. If a cultural communicative practice, such as questioning strategies (Heath, 1982), conflicts with a mainstream practice typically accepted and rewarded by schools and larger society, then we are confronted with a dilemma: Do we work to change the diverse cultural group's practice, violating what is considered to be communicatively competent within that culture, and possibly provoking resistance, an identity crisis, or high anxiety? Or, do we work to change mainstream society's practice, a particularly difficult task given the practice's wide-spread acceptance and presence. Or, do we work to bridge the differences, by helping students from the culture become aware of the mainstream practice, make teachers aware of the conflict, and work with both groups to bridge the differences (García, 1992).

Gee's (1990) work suggests that there is a discourse related to early childhood special education that is particular to mainstream interventionists and/or service providers. If so, it is highly likely that aspects of this discourse or the discourse itself will conflict with specific cultural groups' discourses about disability, communicative and cognitive delays, concepts of at-risk, authority, resources and services. It is important to be aware of these potential conflicts, especially as our field highlights our "recommended practices."

Knowledge Acquisition

Socio-cultural and socio-historical perspectives of learning, in which children are viewed as constructing meaning through social interactions, a la Vygotsky, have helped to focus attention on the role of culture in knowledge acquisition (Moll, 1990). According to Wertsch (1990), a socio-cultural perspective focuses on the roles that institutions, cultures, and history play in mental functioning. Tharp and Gallimore's (1988) work on activity settings is particularly useful in understanding how culture and social interaction can affect knowledge acquisition. According to Tharp and Gallimore, how and why children acquire knowledge are influenced by the five W's: who, or the activity participants; what, or how the activity is defined and executed; when, or the appropriate timing of the activity; where, the setting or context of the activity; and why, or the child's motivation for successfully pursuing the activity.

Trueba, et al. (1990) considered "reasoning, drawing inferences, and interpreting meaning" to be related to cultural knowledge and values (p. 112). From schema theory, we know that when individuals have background knowledge of a topic and are able to access this knowledge and integrate it with new related knowledge, they remember more relevant information (old and new) and make more relevant inferences and elaborations than when they do not have the background knowledge.

Implications for Early Intervention Practice

Tharp and Gallimore's (1988) discussion of activity settings and knowledge acquisition have implications for appropriate assessment and intervention contexts and practices. We need to understand to what extent the assessment and intervention contexts and practices are culturally appropriate. Trueba's focus on schema theory reminds us that "new" information may not be well received or accurately received by children, parents or caregivers if they don't already have a culturally appropriate framework for this knowledge. In presenting new information, it probably will be useful to link its introduction to familiar topics or practices.

Culture as Survival

Bullivant (1993) defines culture as how a group survives and adapts to its environment. Culture includes the shared beliefs, symbols, and interpretations that help the culture to make sense

CULTURAL DEFINITIONS AND ISSUES

out of the world around them. Garcia Coll and her colleagues (1996) propose the concept of adaptive culture to explain how diverse cultures, in response to historical and current demands (such as societal racism, classism, and sexism) develop their own "goals, values, and attitudes that differ from the dominant culture" (p. 1896). Although all children proceed through similar universal cognitive, affective, and social processes, unique ecological circumstances faced by diverse groups in the U. S. will result in developmental adaptations. These adaptations may be necessary for the group's survival and maintenance of self-esteem.

The concept of adaptive culture explains how diverse cultures, in response to historical and current demands (such as societal racism, classism, and sexism) develop their own "goals, values, and attitudes that differ from the dominant culture."

García Coll et al. (1996) warn that it is important to understand the context in which a cultural practice, belief, and/or competency has developed. Culturally and linguistically diverse children in the U. S. face inhibiting and promoting environments (e.g., health care, neighborhoods, schools), which affect the ways in which they develop (cognitively, affectively, and socially). García Coll et al. use African-American and Puerto Rican mainland examples to illustrate the types of survival and face-saving adaptations that can occur.

Implications for Early Intervention Practice

In evaluating practices and assessing children's development, we should not rely on a mainstream model that fails to take into account the ecological circumstances that diverse children and their families face. If we do rely on a European American middle class model, the consequence will be a deficit view of culturally and linguistically diverse children and families, which does not take into account the ways in which such families have adapted to meet the needs of their children. García Coll et al. (1996) also point out that variation within specific cultures also affects the developmental competencies of specific types of children. In evaluating practices, we need to be aware of the different issues García Coll et. al. raise, and how they could affect certain cultural groups.

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Cultural Constructs, Characteristics, and Processes

Cultural Constructs

Hernandez (1989) discusses the distinction that anthropologists make between ideal and real culture and implicit and explicit culture. Ideal culture is what people say they believe or how they think they should behave; real culture is what they believe and how they actually behave. Implicit culture includes aspects of culture that frequently are hidden or not easily described or observed, such as values, attitudes, fears, assumptions, and beliefs. Explicit culture includes the more concrete and visible aspects of culture, such as housing, speech, how we dress, how we talk, etc. When service providers rely on cultural experts, they need to make sure that they are aware of how these four constructs are represented in the information or interpretations presented to them.

Cultural Characteristics (Dynamic, Variable, Continuous)

According to Hilda Hernandez (1989), and most other students of culture, culture is not static, but ever-changing and dynamic. Culture is influenced by the individuals who share and transmit it, at the same time that it is affected by their interactions and participation within and outside their cultural groups. García Coll et al.'s (1996) description of adaptive culture illustrates the potential changes and adaptations that can occur in values, attitudes, and beliefs.

Hernandez (1989) and Banks (1997) point out individuals within the United States are affected by the macro-American culture (dominant culture) as well as the micro-culture(s) or individual cultural groups to which they belong. How the macro-culture affects micro-cultures will vary according to the individual group's level of acculturation (contact with the macro-culture) and level and type of assimilation (integration within the macro-culture). Individuals also will vary in how they participate and identify with the macro- and micro-cultures according to their cultural identity and the inhibiting and promoting environmental factors that affect them (García Coll, et al., 1996).

Individuals within the United States are affected by the macro-American culture (dominant culture) as well as the micro-culture(s) or individual cultural groups to which they belong.

Hernandez (1989) discusses the continuous nature of culture. Culture is transmitted to children through socialization practices that involve their families, communities, and societal institutions. The invisible and taken-for-granted nature of culture makes it difficult for us to recognize its influence, let alone

radically change it. In working with other cultural groups, we need to understand how difficult it is to change some cultural practices and beliefs.

Intra-/Intergroup Differences

Numerous researchers point out the importance of recognizing the variation and differences that occur within and between cultural groups. García Coll et al. (1996) identify some of the factors that can differentially affect members of the same cultural group: gender, racial features (including skin color), occupation, education, discrimination, racism, oppression, socio-economic class, social stratification, and segregation. Age also can be a major variant. García Coll et al. explain that young children usually are assigned social status based on their families' status. However, when they become older, they can change their status. Other potential areas of variation include geographic locale, English fluency, bilingual status, religious affiliation, immigration pattern and generation, birth order, cultural identity and level of acculturation. Vega's (1990) literature review on Hispanic families (Mexican, Puerto Rican, and Cuban) showed that family structures (and by implication family roles) varied according to economic marginality, labor market pressures, and physical relocation. In reviewing practices, we need to pay attention to how intragroup differences may affect the generalizability of findings to a cultural group. We also need to recognize that many of the factors affecting variation within groups are applicable to differences between groups.

Some factors can differentially affect members of the same cultural group: gender, racial features (including skin color), occupation, education, discrimination, racism, oppression, socio-economic class, social stratification, and segregation.

Differences within "panethnic" categories, such as Latina/Latinos or Hispanics, Asians or Asian Americans, Native Americans, and African Americans are very important to acknowledge. For example, Cuban Americans, Puerto Ricans, and Mexican Americans tend to have different economic and educational backgrounds, levels of acculturation, political concerns and philosophies, employment opportunities, immigration histories, and patterns of entrance into U.S. society (Rumbaut, 1995; Smart & Smart, 1995; Vega, 1990). It is somewhat ironic that Asian groups (Japanese; Chinese – Taiwanese and the People's Republic of China; Korean – North and South; Filipinos; Vietnamese; Cambodian; Hmong, etc.), who have had historical confrontations (such as wars and armed hostilities), and who do not all speak the same language, are often lumped together. To avoid overgeneralizing or stereotyping, it always is best to specify the actual group for which the research has been reported. If research has not been done with a specific group, then we need to state this and question whether the findings can be generalized to the

panethnic category. Rumbaut discusses the problems that "one size fits all" panethnic labels create for immigrants who come from various backgrounds. He explains that within these labels, individuals vary according to "national and class origins, phenotypes, languages, cultures, generations, migration histories, and modes of incorporation into the United States" (p. 749).

Just as there is variation within the panethnic categories used in the U. S., there is major variation among them and between them. Ogbu's (1987) cultural ecological theory attempts to explain how cultural groups – voluntary immigrants (e.g., Asians, Europeans) versus involuntary immigrants (e.g., African-Americans, Puerto Ricans, and some Mexican-Americans) – have differentially responded to and been affected by U. S. culture. Current immigrant groups also differ from past immigrant groups. According to Rumbaut (1995), "class, not color, shaped the fates of the 'white ethnics' of earlier immigrations – Italians, Poles, Greeks, Russian Jews" (p. 750). Current immigrants include the most educated immigrants in the U. S. (Asian Indians, Taiwanese) and the least educated (Mexicans, Salvadorans), those with the lowest poverty rates in the U.S. (Filipinos) and the highest (Laotians and Cambodians). Fernandez-Kelly and Schauffler (1995) point out Haitians, Vietnamese, Cubans, Nicaraguans, and Mexicans differ not only in their experiences living in the U.S., but also in how they were received when they first arrived in the U. S. Factors that influence these differences include class, geographic destination, spatial concentration, and the length of time that others from their group have resided in the U.S. Although it is not unusual for researchers and educators to talk about the culture of poverty (García, Pearson, & Jiménez, 1994), and the characteristics that many children in poverty share, it also is important to recognize the differences and adaptive strategies (García Coll et al., 1996) employed by diverse groups.

A person's cultural identity is influenced not only by the different groups to which the individual belongs (e.g., ethnicity and/or racial affiliation, age, gender and/or sexual orientation, religion, language, class, geography, residence, exceptionality) but also by the emphasis that the individual places on participation in the respective groups.

Cultural Identity

Gollnick and Chinn (1986) state a person's cultural identity is influenced not only by the different groups to which the individual belongs (e.g., ethnicity and/or racial affiliation, age, gender and/or sexual orientation, religion, language, class, geography, residence, exceptionality) but also by the emphasis that the individual places on participation in the respective groups (in Hernandez, p. 22). So, two individuals who technically participate in the same groups will differ in their identities according to the importance they ascribe to each of the groups. Cultural identity also is affected by acculturation.

CULTURAL DEFINITIONS AND ISSUES

Trueba et al. (1990) point out "cultural ascription [or how others view the person's cultural identity] may be in conflict with cultural affiliation (one's own ethnic identity) as internalized by each individual" (p. 14). Inaccurate cultural ascription is particularly problematic when groups with a history of conflict are lumped together. Anxiety and anger are provoked when terms not accepted by the individuals themselves are used to describe them. Rumbaut's (1995) survey of 5,000 U. S.-born and non-U.S.-born adolescent immigrants from Asia, Latin America, and the Caribbean found that the youths varied considerably in how they identified themselves, depending on their cultural group, and whether they were born in the U.S. or abroad.

Acculturation refers to the cultural contact that occurs between two cultures, and the cultural modifications that occur as a result of this contact.

Assimilation refers to the integration of the less powerful culture into the dominant one.

Interestingly, adolescents of Latin American origin who chose a panethnic category generally preferred Hispanic to Latina/Latino (although a high percentage of Mexican origin students born in the U.S. preferred the more radical and political term Chicana/o). Indochinese youths born outside of the U.S. generally did not choose the panethnic label of Asian American or Asian, preferring to identify themselves according to their national (e.g., Vietnamese) or ethnic (e.g., Hmong) origin.

Acculturation and Assimilation

The terms acculturation and assimilation frequently are used interchangeably in the popular press. However, acculturation refers to the cultural contact that occurs between two cultures, and the cultural modifications that occur as a result of this contact (for a discussion of acculturation and assimilation, see Banks, 1994, 1997; Hernandez, 1989). Assimilation refers to the integration of the less powerful culture into the dominant culture. Complete assimilation occurs when the less dominant culture disappears. Banks (1994) explains that with complete assimilation there is "complete elimination of cultural differences and differentiating group identifications" (p. 118). The separate cultural groups become part of the dominant culture.

Acculturation can be bi-directional. The macro-culture can affect individual micro-cultures, just as individual micro-cultures can affect the macro-culture. An example of the latter would be the integration of "blues" and "jazz" (which have historical African-American roots) into American mainstream music. When levels of acculturation are discussed, the authors usually are referring to the influence of the macro-culture. The reference to high levels of acculturation usually means that there is a high and accepted level of macro-cultural influence. However, acculturation, and even

high levels of acculturation, do not mean that the micro-culture has disappeared.

Hernandez (1989) and Banks (1997) discuss two types of assimilation: cultural and structural. Cultural assimilation occurs when individuals from micro-cultures adopt cultural features of mainstream or macro-cultural life (e.g., dress, language or speech, hobbies, religions, values, etc.). Structural assimilation occurs when individuals from micro-cultures fully participate in social, political, and economic institutions of the macro-culture. Cultural assimilation is fairly easy for micro-cultures to attain; structural assimilation is much more difficult and is more often subject to racism, prejudice, and discrimination from the macro-culture. Problems in attaining structural assimilation result in the adaptive cultures discussed by García Coll et al. (1996) and in the power relationships discussed by Freire and Macedo (1987).

Rumbaut (1995) points out immigrant children from within the same cultural group may follow diverse patterns of assimilation, with some of them directly assimilating into the majority culture, while others participate in downward mobility and assimilate into the inner city underclass. It is important to realize that identity issues and conflicts are resolved differently even within the same family. When children proceed through structural assimilation and intermarriage and are not faced with prejudice and discrimination, then they are more likely to identify with mainstream society than other children. Rumbaut's discussion of ethnic identity implies that immigrant children will have difficulty in adapting to the U.S. macro-culture because as they construct their own social identities they must incorporate both the realities of their own cultural identities and those cultural identities imposed on them by mainstream society.

Cultural assimilation occurs when individuals from micro-cultures adopt cultural features of mainstream or macro-cultural life.

Julie and David Smart (1995) talk about the acculturative stress that is created when individuals are in the process of adapting to a new culture. They point out that newcomers must learn new social customs, a different language, and how to deal with a complex bureaucracy. They posit a psychological definition of acculturation, where "acculturation [is] the process of adapting to the rules and behavioral characteristics of another group of people" (p. 27).

Structural assimilation occurs when individuals from micro-cultures fully participate in social, political, and economic institutions of the macro-culture.

Acculturative stress adversely affects physical health and decision-making, limits occupational functioning, facilitates role entrapment and status leveling, helps create ineffective family-professional relations, reflects and contributes to a lack of role models, and may increase when there are minimal re-

wards for learning English. The amount of acculturative stress that occurs will vary according to the differences that exist between the two cultures.

The Smarts (1995) specifically looked at acculturative stress among the panethnic Hispanic category. They reported that there were major differences in acculturative stress among the different groups that comprise the Hispanic or Latina/Latino category. Nonetheless, they note that almost all Hispanic immigrants have had to cope with a sense of loss because they have left a familiar way of life. Trueba et al. (1990) discuss the acculturative stress of Hmong children.

Summary

Most of the manuscripts identified through the ERIC search focused on first and second-generation immigrants; fewer manuscripts focused on cultural groups with a long history of residency in the U.S. (such as African Americans or Native Americans). The authors of the literature reviews reported that considerable research has focused on first-generation adults or parents, but relatively little research has focused on the children of current immigrants. Rumbaut (1995) explained that we know very little about the "subjective experiences" of immigrant children, or how these experiences affect family unity or the self-esteem, psychological well-being, language shift, school and work performance of immigrant children.

A theory of culture still needed to be developed to explain how cultural values affect the learning process and children's development of cognitive skills.

Vega (1990) argued that more researchers needed to conduct cross-cultural research on the variability in Hispanic family socialization patterns, attitudes, and values. Smart and Smart (1995) noted that we know very little about how individuals cope with acculturative stress. García Coll et al. (1996) proposed an integrative model for the study of developmental competencies in culturally and linguistically diverse children because they were concerned that no such model existed that built on the diversity and strengths of diverse populations. Finally, Trueba et al. (1990) stated that a theory of culture still needed to be developed to explain how cultural values affect the learning process and children's development of cognitive skills. It is clear there currently exists a tremendous need to expand the amount of research conducted with children and families from a variety of cultural and linguistic groups so we can begin to better understand this interchange between culture, learning, and development.

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Section 2

AN INTRODUCTION TO CROSS-CULTURAL COMMUNICATION

Ruth Watkins and Janet Eatman

Each of us has experienced at least occasional difficulties in understanding another person or imparting information to another. Such communication breakdowns can occur when speaking or listening to those with whom we are closely linked, as well as in more distant or even superficial exchanges. Reflect, for example, on a recent discussion with a family member during which you attempted to convey a particular emotion. Or, consider a professional interaction in which you needed to express an opinion that differed from the views of a colleague. Both of these situations have the potential to stretch our communicative skills to their boundaries. Communication challenges are a basic part of human interactions and can be a significant source of dissension in our relationships.

This chapter provides a brief overview of the area of cross-cultural communication with the goal of building essential foundational knowledge for professionals in the area of early intervention.

As the above examples illustrate, the potential for communication breakdown is present any time information is shared between people. The likelihood of communication challenges increases, however, when communicative participants differ from each other on key dimensions. An obvious example involves the language used; if two people differ in their level of facility with a particular language, the potential for miscommunication between them is increased (e.g., the less facile participant may be unfamiliar with the vocabulary or grammar used by the more proficient party and thus, may not fully understand the content of the message). Similarly, when conversational participants differ with respect to the dialect they use, the rules and/or norms that govern their communication strategy and style, or even their gender or socioeconomic status, communication can be disrupted. Scholars suggest that we are most comfortable and successful in communicating with those who are most similar to us (i.e., individuals who belong to the same "groups" that we do, because group members are likely to share certain conventions for communicating, cf. Asante & Gudykunst, 1989; Gudykunst, 1994; Gudykunst, Ting-Toomey, & Nishida, 1996b).

These observations on the challenges of interpersonal and intergroup communication have numerous implications for professionals involved in assessment

and intervention for young children and families from diverse backgrounds.

Clearly, effective communication with young children and families is a central goal for practitioners in early intervention. Communication is effective when (a) participants attach similar meanings to the information that is shared, (b) misunderstandings and misinterpretations are minimized, (c) anxiety and uncertainty are reduced, and (d) a climate of mutual respect and understanding is created (Gudykunst, 1994). In order to achieve or approximate these goals, practitioners require an awareness of how one's background, experiences, and expectations influence communicative behaviors. In addition, practitioners must understand the common sources of misunderstanding in communication events and develop strategies for enhancing intergroup or cross-cultural communication.

This chapter provides a brief overview of the area of cross-cultural communication with the goal of building essential foundational knowledge for professionals in the area of early intervention. Specifically, the chapter begins by developing definitions of key concepts in the area of cross-cultural communication. Next, several key issues are identified, including discussion of sources of misunderstanding in cross-cultural communication and strategies for enhancing cross-cultural communicative effectiveness. Finally, implications for early intervention are highlighted, including recommendations for effective practice and guidelines for review of materials with respect to cross-cultural communication concerns.

Cross-Cultural Communication

The Territory: Defining Cross-Cultural Communication and Essential Concepts

Communication is generally viewed as the process of transmitting and receiving information through multiple modalities (e.g., the range of spoken languages; visual-gestural languages, such as American Sign Language; written language; and nonverbal means, including gestures, body posture, and facial expression). Among people, these means of communication are used both independently and/or simultaneously to convey complex and elaborate thoughts and emotions.

Although conventional, this relatively straightforward definition tends to belie the actual complexity and multi-dimensionality of communication. For example, when viewed as the process of transmitting and receiving information, we emphasize the intentional component

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of communication. Much of communication does involve the planful and systematic selection of words and word combinations to accomplish particular goals. However, in each communicative event there is also the potential for unintentionally conveying information. Whenever a listener attaches meaning to an event, communication has occurred, even if the speaker did not intend the perceived meaning. Awareness of multiple dimensions through which messages can be conveyed or perceived is a critical component of competent cross-cultural communication (Samovar & Porter, 1991). Diverse groups of people may use varied combinations of verbal and nonverbal cues in transmitting information, and thus, miscommunications can occur when messages are unintentionally communicated.

Culture and language and/or communication are tightly interwoven and inextricably linked.

A few additional fundamentals of communication are noteworthy (Samovar & Porter, 1991). First, despite our sophistication, we can never communicate with another person with absolute or complete accuracy. Communication requires inferencing. The process of sharing our individual realities with other people is, to at least some degree, an imperfect one. Second, communication is always both contextually situated and dynamic in nature. Each of us adapts our strategy and style for communicating based on the environment. For example, we are likely to use different words, gestures, and nonverbal communication strategies when replaying a significant event with an intimate family member versus sharing the same story with a professional colleague. Often termed code-switching, this contextual communicative adaptation is a largely unconscious process for the competent communicator. Both the imprecise nature of communication and its shifting nature will be important when we turn to communication among people with varied backgrounds and communicative rules.

For the purposes of this discussion, culture is seen to encompass the shared patterns of behavior, beliefs, attitudes, and value systems of a group of people (Betancourt & Lopez, 1993; Gudykunst, 1994; Samovar & Porter, 1991; Stewart, 1993; also, see Garcia, this technical report, for a more complete discussion of culture). Culture is an approach to life that provides the structure, organization, foundation, and rules that dictate the behavior of individuals who share cultural membership.

Of central importance here is the realization that culture and language and/or communication are tightly interwoven and inextricably linked. Aspects of culture drive how we communicate, who we select as communication partners, and when we elect or need to communicate with others (Samovar & Porter, 1991). Furthermore, a community or group of people is often identified by the language and/or communication patterns to which they adhere. Language and/or communication is the means through which key cultural

elements are transmitted. Finally, the central values of a cultural community are often reflected in communication style and strategy. For example, certain cultures place a premium on verbal facility and tend to link verbal abilities with intelligence, achievement, and power. In contrast, other cultural groups value silence and self-reflection, and equate these behavioral traits with intelligence and competence.

Considering these points, it is not surprising that many scholars consider culture and communication to be synonymous (cf. Gudykunst et al., 1996b; Samovar & Porter, 1991). As summarized by Hall (1976, p. 9), "A culture is communication and communication is culture." In combining these terms, then, cross-cultural communication is the process of sending and receiving information between culturally distinct peoples who are likely to employ differing communication conventions (Stewart, 1993). When reading the term cross-cultural communication, many of us readily think, for example, of exchanges between business people from the United States and another country, such as Japan. Popular media have provided virtually everyone with some level of knowledge of potential cultural differences in workplace communication strategies and the need for awareness, adaptation, and accommodation in facilitating successful business interactions. In brief, we are generally aware that when cultures differ, communication practices also differ. What is less well recognized is that each individual's cultural identity is multifaceted. Each person typically identifies with several groups that influence his or her communicative behaviors and the rules and norms applied in communicative exchanges. Most of us readily recognize that race and ethnicity are influential aspects of cultural identity; it is also the case, however, that gender, socioeconomic status, age, sexual orientation, and religious background, for example, influence cultural identity and associated communication practices.

The multiple layers of cultural identity render it difficult, if not ill-advised, to approach the challenges of cross-cultural communication by arming oneself with a simple list of communicative conventions associated with individual racial or ethnic groups (Hecht, Ribeau, & Alberts, 1989; Orbe, 1995). Certainly, there are fundamental dimensions on which cultures vary that influence communication patterns in fairly systematic ways. However, each individual's cultural identity and associated communication practices are likely to be too complex for a narrow or straightforward characterization. Thus, the general approach that we advocate in this paper is that broad knowledge of cultural variations in communication

Broad knowledge of cultural variations in communication patterns is informative in promoting effective cross-cultural communication, but should not take precedence over an emphasis on individual characteristics (i.e., knowledge of what constitutes comfortable and acceptable communication for each person or family).

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Sources of Misunderstanding in Cross-Cultural Communications

Scholars in the area of cross-cultural communication have developed descriptors to characterize fundamental cultural variations that influence communicative styles and patterns (Asante & Gudykunst, 1989; Gudykunst, 1994; Gudykunst et al., 1996a; Samovar & Porter, 1991; Stewart, 1993; Triandis, Brislin, & Hui, 1988). These variations are probably most accurately viewed as continuous, rather than dichotomous. Thus, it is important to recognize that cultural distinctions are likely to be relatively more or less similar to one or the other pole of a continuum. Two broad differences in cultural orientation that influence communication patterns include (1) individualism vs. collectivism and (2) high- vs. low-context communication styles.

Cultures differ in the extent to which information is transmitted through the direct, explicit, verbal code ***(low context)*** versus relying on the less direct, more internalized and implicit context ***(high context)*** to convey meaning.

Individualism and Collectivism

Cultures with an individualistic orientation place emphasis on individual functioning, goals, and achievements. The uniqueness, potential, and self-realization of the individual is paramount. In general, the United States is viewed as a country with an individualistic orientation. In contrast, collectivist cultures view the needs of the group as superseding those of the individual. Here, value is placed on cooperatively promoting the well-being of the group as a whole. The identity of the "group" differs across various collectivist cultures (e.g., it may be the company, as can be true in Japan, for example, or it may be the family, as can be the case in Latin American countries, cf. Gudykunst, 1994; Gudykunst et al., 1996a, 1996b; Triandis et al., 1988). A simple example of how orientation on the individualism-collectivism continuum can influence communication can be seen in the use of personal pronouns (Gudykunst, 1994). A member of an individualistic culture is likely to the use pronoun "I" to convey an opinion or idea, whereas a member of a collectivist culture would be more inclined to use "we" for this function (i.e., emphasizing the group-based nature of ideas or opinions).

Low- and High-Context Communication Styles

Cultures differ in the extent to which information is transmitted through the direct, explicit, verbal code (low con-

text) versus relying on the less direct, more internalized and implicit context (high context) to convey meaning (Gudykunst, 1994; Lynch, 1992). Low-context cultures, for example, make heavy use of direct and explicit means of conveying information. Most of the information that is shared is conveyed directly. Less use of physical context and internalized knowledge is required. Low-context cultures tend to convey information directly with the goal of avoiding ambiguity (expressions such as "get to the point" and "don't beat around the bush" are bits of wisdom in many low-context cultures, Gudykunst, 1994).

High-context cultures, conversely, rely on context, internalized knowledge, and past experiences to a great degree in conveying information. In high-context cultures, what is said is generally less communicative than how something is said. Breakdowns in effective communication can occur when an individual with a more direct, low-context style relies on explicitly coded verbal content to interpret a message from a high-context communicator. In such a situation, the high-context communicator may be providing indirect cues that the low-context communicator simply does not perceive.

These two dimensions of cultural orientation are interdependent insofar as many individualistic cultures are also generally characterized as low-context in communication style (e.g., individualistically-oriented people from European backgrounds frequently use a low-context communication style), and many collectivistic cultures are characterized as high-context (e.g., individuals from African American, Asian, Latino, and Native American cultures are often comfortable with high-context communication styles). Furthermore, these broad differences in cultural orientation are linked in how they play out in the actual communication norms, values, and practices of a culture, as the examples below illustrate.

Beliefs about Talk and Silence

Many beliefs about the value of talk versus silence appear to be linked to the tendency toward individualism or collectivism in cultures (Gudykunst, 1994; Lynch, 1992). For example, in individualistic cultures, each person seeks to assert and identify himself or herself as a individual. Much of this self-assertion is accomplished through talk. Individualists tend to talk more, to enjoy talking more, to use talk as a way to become more comfortable in social and professional situations, and to evaluate others by how well, and perhaps even how much, they talk. Collectivists, on the other hand, tend to be more comfortable with silence and to use silence communicatively, to feel less compelled to fill silence with talk, and to evaluate silence and/or reticence more positively.

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Acceptable and Effective Levels of Directness and Indirectness in Communication

There is a tendency for individualistic versus collectivist and low- versus high-context cultures to differ in the extent to which a direct or indirect strategy of communication prevails (Lynch, 1992). In brief, individualistic cultures often use low-context strategies, employing a more direct communication style to assert individuality, state opinions, and emphasize uniqueness. Collectivistic cultures, tending also to use high-context strategies, see links between themselves and others and aim to maintain these links in a harmonious way. Thus, a more cautious and indirect style may be employed to minimize conflict and risk in communication. Whereas individualistic cultures are more likely to engage in persuasion, to openly disagree, and to avoid ambiguity, collectivist cultures are more likely to use hints, learn to read subtle communicative cues, qualify language with words such as "possibly" and "perhaps," and tolerate ambiguity in communicative exchanges.

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Methods of Topic Management and Turn-Taking in Conversation

There are tendencies for individualistic and collectivistic cultures to differ in how conversations are managed. Specifically, members of individualistic cultures often assert themselves by introducing topics and then using extended monologue-type turns on those topics. Communicators in individualistic cultures find it acceptable when conversational turns are distributed unevenly (i.e., there are times when it is acceptable for one party to "dominate" a conversation).

Collectivist cultures, in contrast, tend to manage conversations more equitably, taking short turns and distributing turns relatively evenly across conversational participants.

Each of these sample areas (beliefs about talk and silence, acceptable levels of directness in communication, and methods of conversational management) has strong potential to contribute to misunderstandings when individuals who differ in cultural backgrounds engage in communication. Within the same interaction, one participant, for example, might view the other as too talkative, direct, and/or dominating, while the other participant is simultaneously forming the opinion that the other's indirect and reticent style indicates that s/he is hiding something or is not interested in the conversation. (See Lynch, 1992, for additional examples of culturally influenced commu-

nication behaviors, including eye contact, facial expressions, physical proximity, contact, and gestures.)

To this point, our discussion has focused on stylistic and/or pragmatic aspects of communication that may obscure cross-cultural exchanges. This is appropriate, insofar as it is generally the case that differences in the social conventions, rules and norms of communication are the greatest source of misunderstanding in cross-cultural exchanges. It is also possible, however, that differences in the actual linguistic code used (i.e., words and grammatical structures) can be a source of misinterpretation in cross-cultural exchanges. When we speak different languages, we are generally aware of and sensitive to differences and the need for compensatory strategies (e.g., using interpreters). Perhaps more challenging are situations where we share the same language as our communicative partner but differ in the dialect pattern employed (a dialect is defined as a variation of a language, a variation that can have different sound patterns, words, grammatical patterns, and social rules, but remains mutually understandable). Dialect differences can be a source of miscommunication when words, phrases, or grammatical patterns are not fully understood. Furthermore, negative attitudes and erroneous perceptions about dialects can lead to misinterpretations between communicators. Dialect use is an emotionally charged issue for many people (cf. recent controversy regarding Ebonics in Oakland Public Schools); if a communication begins with one party holding a negative view of the dialect of their communication partner, the potential for a productive, effective communicative exchange is reduced at the outset.

The issue of negative bias about dialect differences is one example of a more global and influential contributor to misunderstandings in cross-cultural communications: the deep-seated attitudes, values, and perceptions that each of us hold about what constitutes "correct" versus "incorrect" communication. In addition to our culturally situated styles of verbal and nonverbal communication behaviors, we are all likely to hold certain unconscious biases about various communication patterns. In general, we tend to perceive our communication practices as right, and to view practices that differ from ours as wrong, unusual, and perhaps a bit odd. Thus, each time we interact with someone whose communication style differs from ours, we must strive not only to understand their message, but also to overcome potentially negative views of communication behaviors that differ from our own.

It is generally the case that differences in the social conventions, rules and norms of communication are the greatest source of misunderstanding in cross-cultural exchanges.

Building Successful Communication Among Diverse People

The complexity of communication patterns, practices, values, and biases might suggest that facilitating effective communication among diverse people is a hopeless task. In fact, scholars in the area of interpersonal communication suggest that cross-cultural exchanges do present communicators with ongoing challenges that require effort and ongoing monitoring. However, these scholars also offer several recommendations for building better communication among people from diverse cultural backgrounds (see Bearcrane et al., 1990; Chan, 1990; Lynch & Hanson, 1992; Martin, Hecht, & Larkey, 1994; Orbe, 1995; Samovar & Porter, 1991; Stewart, 1993; Triandis et al., 1988; Triandis, for examples; see Gudykunst, 1994, for a full summary of recommendations for enhancing cross-cultural communication). Several general recommendations are summarized here.

Identifying your own communication conventions is a crucial first step in understanding both (a) how your culturally shaped attitudes and values about communication may influence your perceptions of others, and (b) how aspects of your communicative behavior may influence others' views of you.

1. Evaluate Your Communicative Behaviors and Attitudes about Communication

It is essential to begin by reflecting on your own views, values, and attitudes about communicative behavior. Identifying your own communication conventions is a crucial first step in understanding both (a) how your culturally shaped attitudes and values about communication may influence your perceptions of others, and (b) how aspects of your communicative behavior may influence others' views of you. Gudykunst (1994) suggests that evaluating your views on various communication dimensions (e.g., directness, views on talk and silence, etc.) is essential and provides specific questionnaires to aid in this process. By achieving a better understanding of our own communicative behaviors and values, we begin the process of developing knowledge of and empathy for differing behaviors and values and can start to gain flexibility in our communication styles (cf. Samovar & Porter, 1991).

2. Cultivate Cross-Cultural Communicative Competence

Gudykunst (1994) suggests that competence in cross-cultural communication requires the (a) motivation to effectively communicate with others whose behaviors and values may differ from our own, (b) knowledge of our own communicative behaviors and biases and dimensions on which others may

differ, as well as general information about communicative characteristics of diverse cultures (cf. Chan, 1990); and (c) a repertoire of skills or strategies that can be used to enhance communication effectiveness. Several specific strategies exist for increasing intra- as well as inter-cultural communicative effectiveness.

Skills for Facilitating the Understanding of Others' Messages

Perception checking involves providing a non-evaluative verbal "check" on whether we understand a communicative partner's thoughts, feelings, or ideas. For example, a question such as "I'm not sure from your expression whether you are happy with this plan. Are you?" functions as a perception check.

Listening effectively consists of several strategies associated with taking an active, as opposed to passive, approach to being a listener. Attending and following, for example, are two skills that involve physically and verbally demonstrating to a conversational partner that we are interested and engaged in the interaction; particular behaviors that suggest attending and following include body posture and gestures (e.g., if culturally appropriate, leaning toward a speaker and/or showing attention through eye contact); allowing adequate time for communication; and verbally inviting more information, with comments such as "Tell me more about that." Reflective listening, in which the listener paraphrases what he or she believes the communicative partner has said, is also an effective listening strategy.

Providing feedback to a conversational partner is another valuable listening skill. In general, feedback should be provided in a sensitive manner that emphasizes the communication at hand, and does not place blame on the communicator. If a particular communication breakdown occurs, immediate feedback such as "I did not understand what you meant when you said . . . Can you explain it again?" is likely to be most effective in reaching clarification.

Confirming the value and importance of our communication partners is an essential first step in sending messages that others will be able to listen to and understand.

Skills for Sending Messages that Others Can Understand

Confirming the value and importance of our communication partners is an essential first step in sending messages that others will be able to listen to and understand. By confirming the validity of the ideas, feelings, and input of a communicative partner we enable him/her to listen to our thoughts and input. The goal here is to share information with others in a manner that acknowledges their existence. Messages that directly state confirmation can be helpful (e.g., "I think that your ideas are very important"), and observation of

listeners' nonverbal signals is also informative. Using inclusive and sensitive terminology also indirectly transmits a confirmatory message (e.g., referring to others in the way that they want to be identified, such as Latino versus Hispanic).

Using an assertive communication style while avoiding "communication aggression" also helps others understand our messages (note that this recommendation requires careful consideration of an individual's level of comfort with communicative assertiveness). An aggressive communicator may be inclined to attack forcefully a communicative partner in pursuit of her/his goals or agenda (using strategies such as ridicule, personal attacks, or nonverbal indicators such as eye-rolling or sighing). Aggressive communication strategies are most likely to occur during verbal conflicts or disagreements.

In contrast, assertive strategies allow the speaker to state his or her position, but to do so in a positive, direct, and objective manner without attacking a communicative partner. Using "I" statements is generally recognized as an assertive strategy, whereas "You" statements are associated with verbal aggression (e.g., "I felt angry about the way the parent conference was handled" versus "You made me angry during the conference").

Implications for Early Intervention Practice

How do issues of cross-cultural communication interface with the discipline and practice of assessment and intervention for young children and families? Clearly, we serve a diverse population of infants, young children, and family members, a population that incorporates a wide range of languages and a full array of communicative practices and patterns. Furthermore, it is our goal that our professional communications be effective, comfortable, and respectful of all people. Thus, the need for effective cross-cultural communication skills cuts across virtually every aspect of early intervention practice.

The need for effective cross-cultural communication skills cuts across virtually every aspect of early intervention practice.

Identification/Definition of Disability

In light of wide cultural variation in communication patterns and practices, behavior that may suggest a disability

within one culture may constitute typical or even precocious performance in another (Bennett, Zhang & Tarnow, this technical report). This is perhaps most readily apparent in the area of communication skills, as illustrated by Crago (1990, p.78) in her observations of an Inuit child:

> One of the boys was particularly intriguing even from the beginning of taping. His language seemed advanced for his age, and he talked frequently. His tapes had more entries per minute than any other child's tapes. From my perspective he was a very bright and very verbal little boy. As time went on I became curious as to why he seemed to talk more than the other children. I asked an Inuit teacher for her reactions to this child. The teacher listened to my description of how the child talked and said "Do you think he might have a learning problem? Some of these children who don't have such high intelligence have trouble stopping themselves. They don't know when to stop talking." I was amazed by her response. It was as if my perspective had been stood on its head.

Establishment of Intervention Goals

When a practitioner and family members and/or child hold differing views of the value of certain communication behaviors, there is considerable potential for mismatch in the identification of intervention goals. Again focusing on the area of communication skills, an interventionist might note in an assessment that a particular child rarely initiated communication to others, and instead, revealed a passive conversational pattern of waiting to respond to others' initiations. Viewing the ability to initiate communication to be a critical skill in meeting needs and preschool survival, the practitioner might suggest initiation as a potential intervention target. The family's perspective, however, could differ considerably, insofar as initiation might not be a valued or even useful skill for a young child within the context of the family and/or culture.

Behavior that may suggest a disability within one culture may constitute typical or even precocious performance in another.

Conferencing and Family Communication

Cross-cultural communication skills link to early intervention practice in every interaction with families. From straightforward, brief information that is shared through telephone calls to written communication to detailed assessment and/or intervention planning exchanges, variations in culturally acceptable communicative behaviors have the potential to influence the effectiveness and outcomes of interactions.

General Recommendations for Early Intervention Practices

The centrality of effective cross-cultural communication skills to early intervention renders it important to work toward identifying essential elements of practice that promote positive cross-cultural exchanges. Two general recommendations for early intervention practice are offered here. As a crucial first step, practitioners in early intervention must increase their level of awareness of the biases, attitudes, and views they hold about acceptable communication behaviors. As part of this process, practitioners can also identify the communication strategies that they typically employ in sharing information with others and in interpreting others' messages, as well as the full range of communication practices that may be used by individuals from culturally diverse backgrounds. Gudykunst (1994) provides several questionnaires that may be useful in this process (for more general cultural awareness questionnaires, see Harry, 1992; Lynch & Hanson, 1992). In general, the foundation of cross-cultural communication competence has to begin with reflective consideration of one's own communicative behaviors, attitudes, and values.

Practitioners in early intervention must increase their level of awareness of the biases, attitudes, and views they hold about acceptable communication behaviors.

Early interventionists who are effective cross-cultural communicators will gather information about the communicative behaviors and values of each family with whom they work.

Secondly, early interventionists who are effective cross-cultural communicators will gather information about the communicative behaviors and values of each family with whom they work. Such information can be obtained through the use of a variety of tools and strategies, ranging from passive but careful observation of the communication behaviors of a family to more direct use of questions about what constitutes typical and acceptable practice for a family. Certainly, the interventionists' accumulated knowledge (from past experiences and published sources) will be informative in providing general guidelines on possible communication values and practices that tend to be associated with a family's cultural background, but such knowledge cannot substitute for direct data from an individual family. Included in this data gathering should be information about the extent to which a family is comfortable with varied communicative styles and practices (i.e., operates transculturally, cf. Lynch & Hanson, 1992).

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MULTICULTURAL VIEWS OF DISABILITY

Section 3

Tess Bennett, Chun Zhang, and Laura Hojnar Tarnow

The complexity of the belief systems and values affecting the perception of disability is central to understanding culturally and linguistically diverse families. These perceptions of disability are an important dimension of the history and tradition of many cultures. They are embedded in the everyday fabric of life and are not likely to change quickly. Perceptions of disability can influence family decisions about child-rearing, utilizing social services, and seeking medical care. These beliefs and perceptions about disability are important for early intervention professionals to understand and to respect. A true understanding of this concept is critical, as are the potential positive outcomes of working more effectively with families utilizing a family-centered philosophy.

The family's perception of disability may influence a family's decision in seeking early intervention services for the child with a disability. Groce and Zola (1993) point out that "many ethnic minority populations do not define or address disability and chronic illness in the same manner as mainstream American culture" (p. 1048). Atkins (1991) indicates that professionals from the European American culture often hold a medicalized view when they interpret disability. Such a view states that disabling conditions, being scientifically determined, exist within the individuals and that disabling conditions should be fixed with some remedy. Harry and Kalyanpur (1994) argue that the notion of disability is a matter of meaning, rather than a fact that can be objectively measured, especially in the case of mild disabilities. They point out that professionals who see disability as a condition inherent in an individual through a medicalized view in which scientific explanations are preferred may come into conflict with families having differing perceptions of disability.

Perceptions of disability can influence family decisions about child-rearing, utilizing social services, and seeking medical care.

Variations in belief systems exist within and between ethnic groups. Each family has its own distinct beliefs about illness, disability, and health. Generalizations about families cannot be made based on ethnicity, socio-economic status (SES), religion, education, and geographical location. For example, many second- and third-generation Asian adults may not share beliefs about

"Many ethnic minority populations do not define or address disability and chronic illness in the same manner as mainstream American culture."

MULTICULTURAL VIEWS OF DISABILITY

Keeping in mind the individuality of a family as a unit and having specific knowledge of a family's interpretation of disability, health beliefs, and expectations for the child's roles in society will help professionals anticipate and understand why a family makes certain decisions about the child's early intervention services and health care.

disability with their parents who hold more traditional beliefs. Culturally diverse families who reside in the community where the majority of the residents are European American may be more assimilated into the European American culture and health practice. Keeping in mind the individuality of a family as a unit and having specific knowledge of a family's interpretation of disability, health beliefs, and expectations for the child's roles in society will help professionals anticipate and understand why a family makes certain decisions about the child's early intervention services and health care.

In order to understand a family's perception of disability and the tremendous impact of these beliefs, it is helpful to understand beliefs about the cause of a chronic illness or disability, expectations for survival for the child with a disability, and the social roles that are appropriate for children who are disabled or chronically ill in a given culture (Groce & Zola, 1993). In this chapter, beliefs about disability, health, and healing, and expectations of the child's social roles will be discussed. In addition, examples of differing perception of disability from specific cultures will be presented.

Meaning of Disability

The way in which families perceive and interpret disability is of great importance for these perceptions may affect their attitudes toward their child with a disability (Lowenthal, 1996). Hughes (1992) indicates that the effect of the birth of a child with a disability changes family functioning and interaction. The way a child is perceived may depend on the family's traditional values, socio-economic status (SES), support and resources. In many cultures, children with disabilities and their families are believed to be cursed by God, and the disability may be considered as a form of punishment for past sins (Lowenthal, 1996). Whether negative or positive, the meaning of disability significantly affects the family's adaptation to raising the child with a disability as well as decision-making in seeking services for the child.

Traditional beliefs, spiritual beliefs or rituals, and religion play a very important role in shaping the meaning of disability for the family.

Traditional and Spiritual Beliefs

Traditional beliefs are embedded in each family's daily life. Families may rely on their traditional and spiritual beliefs for the interpretation of disability. Examples of the traditional beliefs about disability from representative families of culturally diverse backgrounds may shed some light on their differing perceptions of disability.

For example, Groce and Zola (1993) indicate that witchcraft is strongly linked to chronic illness and disability in a number of African societies. The individual with chronic illness or disability may be perceived as being witched, and close association with that individual may put others at risk for witchcraft. Similarly, some African Americans might attribute the cause of illness or disability to punishment from God or evil spirits (Willis, 1992).

Chan (1992) wrote that among many Asian ethnic groups, moderate to severe disabilities are traditionally viewed with considerable stigma. Traditional attributions regarding specific disabilities vary from person to person and from group to group. Chan (1992) states that Asian individuals who hold onto traditional beliefs may perceive a disability as evidence for transgressions committed in a previous life. Many families of Asian origin may attribute the child's disability to the moral wrongdoing (e.g., gambling) committed by the child or the child's ancestors in a previous life. The child's disability may be viewed as a form of divine punishment for past sins and moral transgressions. Spiritual explanations of the cause of disability often focus on evil spirits. Evil spirits such as demons or ghosts are believed to be involved in causing the disability. Many mothers of Asian origin may turn to naturalistic or metaphysical attributions. They may blame themselves for causing the child's disability by failing to follow a certain dietary and health care practice during pregnancy, or they may blame themselves for violating certain taboos. Some of these taboos include looking at certain ugly animals, knitting, using scissors, and attending a funeral (Chan, 1992).

Whether negative or positive, the meaning of disability significantly affects the family's adaptation to raising the child with a disability as well as decision-making in seeking services for the child.

Groce and Zola (1993) indicate that many Southeast Asian families may also attribute the cause of a chronic illness and disability to an imbalance of elements or humors in the body. The affected individual is supposed to take responsibility for the disability. The cause and the potential cure lie within the individual, who must try to reestablish equilibrium. D'Avanzo (1992) states that many Southeast Asian individuals may ascribe an infant's abnormalities to the wrong foods or activities or punish-

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ment for actions of the mother or the baby in a previous life. They may give up on infants with a severe disability or illness because they believe the child will suffer less in the next reincarnation. However, some cultural explanations of the causes of disability are quite positive. One example is a Hmong family who refused surgery for their son's club foot because the condition was viewed as a blessing for the whole community (Hmong family, 1991, as cited in Harry & Kalyanpur, 1994).

If the condition does not seem problematic to the family, it is unlikely that they will respond favorably to the notion of treatment.

The family may accept the fact that the child is functioning as well as his/her abilities allow.

Risser and Mazur (1995) wrote that many families of Hispanic origin believe that the disability may have resulted from divine punishment for a crime committed by the pregnant woman or her family. They may also believe that a pregnant woman can cause permanent damage to her fetus by making fun of someone with a physical defect or by experiencing great emotional distress while pregnant. In addition, rare acts of nature, such as a hurricane or earthquake, are sometimes believed to cause a pregnant woman to have a child with a disability. Evil intentions of others or evil lurking in pregnant women are believed to cause disability in their offspring.

Garret, Michael, Tlanusta, and Myers (as cited in Harry and Kalyanpur, 1994) indicate that many Native Americans believe that life moves in related circles. This constant motion of life should not be disturbed. Each individual serves a purpose in life that is interrelated to every other individual. The belief that all things are alive and have spiritual importance contributes to the balance and harmony of nature. Discord results when one loses sight of one's place in the universe. For this reason, choice is extremely important. Each individual may strive for harmony and try to make the right choices to maintain personal equilibrium and the group's equilibrium with nature (Garret et. al., as cited in Harry & Kalyanpur, 1994).

When an individual is born with a disability in a Native American community, there may be a strong belief that the disability was meant to be. Attempts to fix the disabled person may upset the balance, which includes his or her contribution to the group. The individual is not seen as deficient; instead, the individual contributes to the community in his/her own way regardless of disability. Further, if the condition does not seem problematic to the family, it is unlikely that they will respond favorably to the notion of treatment. In other words the family may accept the fact that the child is functioning as well as his/her abilities allow. Many Native Americans accept the fact that each family member will be different to some degree. This is viewed as the natural cycle in which life moves (McCubbin, Thompson, Thompson, McCubbin, and Kaston, 1993).

These examples about the meaning of disability from some culturally diverse families may help early childhood professionals understand families' attitudes toward disability. Professionals should honor and respect families' traditional beliefs. Religious beliefs may also shape a family's interpretation of disability.

Religion

Families' religious beliefs are very important to the interpretations of disability. Some families may believe that the appearance of a child's disability comes from God's will and that raising a child with a disability is a sacred task for the family; whereas, some families may believe that disability is a form of punishment from God. Whatever religious meaning of disability a family may have, these interpretations may affect the family's adaptation to childrearing and family functioning. Examples from some culturally diverse families are presented in the following section to illustrate the impact of religious views.

Dulan and Blacher (1995) indicate that many African Americans believe in God as a supreme being and believe all people are "God's children," including those with disabilities. Persons with disabilities are valued members of the family. Belief in a supreme being may provide support for a family raising a child with disability. Family members may think that a supreme being is in control and the family will be helped through suffering and hardships.

Some Hispanic families may have specific ideas of why and how a child obtained a disability. These beliefs may affect the family's understanding of the disability and the resulting treatments. These culturally distinct views of the cause of the disability are usually associated with religious beliefs and superstition. Intense religious faith is also a value of many individuals in Hispanic cultures. The dominant organized religions are Roman Catholic, Pentecostal, Seventh Day Adventist, and Jehovah's Witness churches. The Roman Catholic church has been known as the primary religion of many Hispanic cultures. Because of the strong religious beliefs of some Hispanic families, a child with a disability is usually viewed as a child of God. The family may feel they have a religious duty to care for the child with a disability (Heller, Markwardt, Rowitz, & Farber, 1994). Moreover, research has shown an increased level of participation in churches in some Hispanic communities if the family includes a disabled member. The church may serve as an informal support to the family and the individual who is disabled. Faith in a higher power is a commitment in many Hispanic families (Harrison, Wodarski, & Thyer, 1992).

Whatever religious meaning of disability a family may have, these interpretations may affect the family's adaptation to childrearing and family functioning.

If families believe that disability is a punishment for past wrongs, this belief

can be a deterrent to seeking early intervention services for the child with disability. On such occasions, the child may be isolated and hidden and assistance may not be promoted. It is very important for professionals to be aware of the traditional and religious beliefs of the family to determine if the family holds a negative or positive view of disability, or a continuum of views. In addition, understanding families' beliefs about health and healing can help professionals identify why the family seeks certain health care and treatments for the child's disability.

Beliefs about Health and Healing

Each family, as a critical social unit, has cultural beliefs and practices regarding health, illness, and disability. Ahmann (1994) explains that the European American culture tends to view illness as foreign and intrusive with the cause being outside of the family (e.g., virus, infection). These families generally see the goal of treatment to be caring for or fixing problems. Other families may view illness or disability as originating from within the family (e.g., past wrongs, moral wrongdoing) and rely on a spiritual cure as one of the treatments. The type of health care and healing families seek may be determined by the degree families believe in folk medicine and treatment, Western medicine and technology, or in a combination of both.

Beliefs about Folk Medicine and Folk Healers

Health beliefs and practices vary considerably within and between cultural groups. Many families, especially those who are recent immigrants or those who are not familiar with the health care system in the United States, may rely on traditional medicine and healing for treatments. Being aware of the differing health beliefs of culturally diverse families may help professionals find a balance between being sensitive to these traditional health practices and using scientific medical judgment about effective treatments (Becerra & Inglehart, 1995). Understanding traditional treatments may help early interventionists and other professionals provide more appropriate treatments and services to children with disabilities and their families.

Willis (1992) wrote that some African American families who live in rural areas may prefer a holistic and natural approach to health. Some African Americans who believe in folk medicine may think that illness is either natural or unnatural. Natural illnesses are caused by nature's forces such as bad weather

conditions, bad food, or water. They may use herbs, roots, teas, and foods for preventive and healing practices. Unnatural illnesses could be caused by evil forces such as voodoo and witchcraft. Groce and Zola (1993) indicate that some African American families, especially those strongly affiliated with the church, may hope for a miracle to heal the child. These families may hope that the doctors are wrong and think that God will make the child better. Anderson (1989) indicates that traditional cultural healers may be important to many African American families. Cultural healers may be highly respected for the physical and emotional support they provide to their patients. They may also be an asset to aid the provision of early intervention services.

In many Asian cultures, traditional Chinese medicine has had a significant impact on the health beliefs of individuals from many countries (e.g., Korea, Japan, Vietnam, Laos, and Cambodia) (Chan, 1992). Traditional Chinese medicine attributes illness to metaphysical causes. In most Asian cultures, illness and disease are thought to be caused by both internal and external factors (Tom, 1989). The holistic philosophy of Chinese medicine does not separate mental illness from physical illness. Keeping harmony between yin (cold) and yang (hot) forces of the body, mind, and emotions can maintain health (Chan, 1992). Some traditional treatment methods are herbs, self-restraint, meditation, and dermabrasive procedures including rubbing and cupping (McCormack, 1987). Traditional healers may use herbal medicines, acupuncture, and employ rubbing the "sick" area with a coin, or placing small heated cups over the area to draw out the "cold wind." These techniques originate from Chinese medicine which is based on principles of universal balance and harmony between the equal and opposite forces of yin and yang (D'Avanzo, 1992).

Folk medicine may emphasize the supernatural causes of illness and diseases. Many Southeast Asian families may believe that physical, emotional, and mental problems are associated with the loss of souls. Some Laotian and Hmong people believe that disease is caused by the wrath of gods (McCormack, 1987). The treatments are usually performed by or in consultation with a priest, shaman, or spiritual master using methods of soul calling, exorcism, chanting of sacred prayers, and other spiritual healing ceremonies (Kemp, 1985).

Cultural healers may be highly respected for the physical and emotional support they provide to their patients.

Many Hispanic families also hold traditional beliefs about disabilities and illness. These beliefs may play a crucial role in how the family will react to the child's disability. Many Hispanic families may rely on folk remedies to cure problems. These treatments vary greatly among the subcultures. Beliefs about the origin of the disability often influence choices for treatment. For example, if a Hispanic family believes that the child's disability was the result of someone transferring evil onto the

child through staring at them with the evil eye, the family may want to use a folk remedy approach that will rid the child of the evil in their body (Groce & Zola, 1993). Some Hispanic families may want to implement a treatment for the child that employs both folk medicine practices and modern day practices (Krajewski-Jaime, 1991).

There are several types of folk remedies that are often highly regarded in the Hispanic community. The family may rely on "curanderos," who are faith healers, to assist and guide them in their decisions regarding the proper treatment (Risser & Mazur, 1995). Folk medicine concepts related to specific conditions, causes for the conditions and specific treatments, foods, medicines and rituals are sometimes used. Folk healers may address particular needs experienced by individuals in distress and use unique culturally specific methods to diagnose and treat specific ailments. There are five types of folk healers that exist among the three largest groups of Hispanic origin in the U.S.: Puerto Ricans, Cubans, and Mexican Americans. The five types are called the Spiritist, Santero, Herbalist, Santiguador, and Curandero (Harrison, et. al., 1992).

Many Native Americans view medicine as a spiritual rather than a biological concept.

Some Hispanic families may utilize these traditional healers when addressing specific concerns. Some folk medicine concepts include adherence to hot and cold balance, "mal de ojo" (evil eye), "caida de la mollera" (fallen fontanelle), "empacho" (stomach disorder) and "susto" or "ataque" (fright) (Risser & Mazur, 1995). Folk medicine remedies may be the first choice for some families to treat specific problems. Some Hispanic families, particularly those from rural areas, have great respect for faith healers and folk medicine remedies. These families may have used these traditional practices and spiritual rituals for generations.

Many Native American families may rely on their own health practices to assist a member of their community who is ill or disabled. The traditional healing practices that many Native American families follow may have been passed down for centuries. Many Native Americans view medicine as a spiritual rather than a biological concept. The medical practitioner for many Native American groups is called the Shaman or medicine man. The medicine man draws power from the Great Spirit in order to help his fellow man. There are many steps in the healing process, in which three different people will perform. The first person is the healer. He may use herbs and spiritual powers to heal. Next, there is the "tied one" who uses the power of the rawhide and stones in order to find a cure. Finally, there is the "conjurer" or "witch doctor" who may excavate the evil in a person's body. Herbs, ceremonies, sun dances, and sacred pipes are all methods that may be used to help an individual with problems or disability (Folk Medicine. http: //www.cam.org/-fishol/folk.html)

The healing process is holistic incorporating the mind, body, and spirit (Garret et. al., as cited in Harry & Kalyanpur, 1994). These beliefs about health and healing may directly or indirectly influence a family's decision in seeking treatments for their child.

Western Medicine and Technology

Many families may not agree with the standard European American notion that a disability exists within the individual and that a disability needs to be fixed. The family's choice for seeking early intervention services and medical treatments for the child with a disability may be strongly determined by families' traditional beliefs about disability and health. In addition, family's socio-economic status (e.g., ability to buy health insurance), knowledge about early intervention and medical services, and accessibility of these services may affect a family's decisions.

In some Native American cultures, the individual serves a distinct purpose in nature and contributes to the balance and harmony of life for the tribe. These beliefs of some Native Americans may inhibit the use of modern day western medical practices. First, these beliefs may contradict the philosophy behind western medical practices.

Second, many Native Americans may be offended if medical doctors suggest and prescribe treatments that are meant to fix the person with a problem or disability and not acknowledge the potential and positive contributions that the individual may serve. For example, if a doctor recommends corrective surgery for a person with a disability, the family might see that as unnecessary (McCubbin, Thompson, et al., 1993). Sontag and Schacht (1993) report that Native American children in their sample were much less likely to have surgery and special medical care (e.g., genetic counseling, and special equipment and supplies). Some Native Americans may use western medicine only as a second opinion.

Many families may have a combined use of traditional or folk medicine and western medicine. For example, D'Avanzo (1992) indicates that western medicine and Chinese and folk medicine coexist in some cities in Southeast Asia. The poor who live in isolated areas usually turn to traditional methods of health care; whereas, the more affluent may go to western-style hospitals for medication and care.

Health care for some families in Cambodia, Laos, and Vietnam is often crisis-oriented. Some Southeast Asian families may deal with illness by using self-care and self-medication. While these beliefs and practices may be used in the country of origin, recent immigrants may expect similar conditions in the U.S.

Willis (1992) wrote that high technology medical care might be viewed by some less-educated or low-income families as care that is used in traumatic situations. Likewise, less-educated or low-income families of any culture may lack knowledge how to locate and select family

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doctors. Sometimes families may be unaware of current health problems such as infant mortality, cancer, and AIDS, which may result in a lack of perception of major threats to their health (Willis, 1992). Due to the increasing number of American families who live in poverty, some families must wait for an illness to occur before seeking medical care (Willis, 1992). The health care system is usually a last resort for many low-income families (McCormack, 1987).

Preventive health visits may not be sought, visits for infants and children may not be frequent, and many parents may not feel motivated to seek services for their children because they may find the eligibility procedures complicated, overwhelming, or offensive.

Willis (1992) indicates that preventive health visits may not be sought, visits for infants and children may not be frequent, and many parents may not feel motivated to seek services for their children because they may find the eligibility procedures complicated, overwhelming, or offensive.

Professionals should realize that traditional healers are active within many communities. If professionals view traditional health beliefs as a legitimate topic for discussion, it may be beneficial in understanding the child, parents, and the entire family (Chao, 1992). Acknowledging a family's traditional beliefs and health practices should be blended with the standard medical diagnosis of the disability. Professionals need to balance the strengths and weaknesses of both views when working with families. Related to the meaning of disability and traditional health beliefs are the family's expectations for the survival and social participation of the child with a disability (Groce & Zola, 1993). A family's expectations for the child's survival and the child's social role are closely linked to a family's decision in accessing supports and services for the child.

Expectations of Child's Social Roles

Groce and Zola (1993) state that although sophisticated medical technologies in the United States can now ensure the physical survival of many at-risk children, many families may decide not to seek early intervention services for their children with disabilities. Some families may be very protective when taking care of their children; whereas, other families may be hiding their children from the public. Cultural expectations cannot be divided neatly according to specific ethnic groups. The manner in which a family believes their child with chronic illness or disability should be restored to health and their choice about seeking treatments and services may reflect their traditional expectations of the survival of the child with chronic illness or disability and the child's social role in a family and a community.

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The Child's Role in the Family

Family attitudes toward the child's disability and expectations for the child's survival and social roles may determine the extent to which the family will invest in terms of time, energy, and resources (Groce & Zola, 1993). For example, if a family has a positive view of the child's disability and expects the child to live a normal life, the family will seek every opportunity and service for the child with a disability. Conversely, if another family holds a fatalistic view of the child's disability and does not expect the child to be an equal and contributing member of the family and community, the child's needs may be neglected. In some cultures a child with a disability, especially a child with a severe disability, is expected to live a dependent life in the family. The family may need to balance the needs of the other children at home when the family has limited resources; therefore, the other needs (e.g., social needs, education needs) of the child with a disability may not be met. In some cultures, a child's gender may also have a great impact on the family's efforts in seeking supports and services for the child. For example, Groce and Zola (1993) state that a Chinese family may go to greater lengths in meeting the needs of a son with a disability than those of a daughter.

The Child's Role in a Community

In many cultures, people with disabilities are not viewed as lesser members of society in their communities. Many Native Americans believe that as long as

individuals make contributions to the group, no matter how insignificant, they are valued members of that community (McCubbin et. al., 1993). Anderson (1989) states that in some Hispanic communities, a child with a disability is not considered a burden. There is a strong value that all members are important in the community.

Willis (1992) indicates that the attitudes and perceptions of the causation of disability do not have much effect on the interaction with families with children with disabilities in some African American communities. Many African families and communities have lived with and accepted individuals with disabilities for many years.

These examples suggest that the prevalent attitudes toward disability in a community do affect a family's way of life. In some communities where social integration of people with disabilities is encouraged, families may be more directly or indirectly involved in seeking opportunities for their children with disabilities to live a normal life. However, if a community is hesitant to accept people with disabilities as equal members, families may be embarrassed to participate fully in the community. Keeping the child at home and not seen by the public may be a preferable choice for them (Groce & Zola, 1993).

A family's traditional beliefs, beliefs about health and healing, and expectations of their child's social roles are closely related to family decisions in participating in early intervention services, in placing the child in inclusive or segregated settings, and in seeking medical care for their child with a disability. These belief systems of families have serious implications for professionals when they work with families.

Conclusion

This report has discussed the perceptions of disability and views of health and healing of some culturally diverse families. Some of these values and beliefs are quite different from those in the European American culture. Early intervention professionals can improve their practice by developing an understanding of these perceptions in order to form partnerships with families. Because these beliefs and values greatly affect decision-making and childrearing and are certainly important variables in developing the IFSP/IEP for the child, it is crucial that professionals become better informed. The potential for forming full partnerships will be greatly expanded with this knowledge. Families from culturally diverse backgrounds will benefit greatly if professionals demonstrate empathy for and understanding of their beliefs about health and perception of disability.

Traditional beliefs are not static. In fact, as Groce and Zola (1993) explain, "Traditional belief systems on disability have at times proved to be quite adaptive, shifting in response to social, economic, and educational experiences gained through the acculturation process" (p. 1054). Professionals do not need to read every book about traditional beliefs of each culture they work with; however, in order for families to be better served by early intervention, professionals need to be aware of and sensitive to belief systems, be they traditional or scientific. Finally, professionals need to facilitate understanding, respect, and empathy so as to bridge the differences between the families and the service delivery systems.

"Traditional belief systems on disability have at times proved to be quite adaptive, shifting in response to social, economic, and educational experiences gained through the acculturation process."

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Section 4

CROSS-CULTURAL CONCEPTIONS OF CHILD-REARING: IMPLICATIONS FOR REVIEWING/EVALUATING INTERVENTION PRACTICES

Jeanette McCollum, Tweety Yates, Micki Ostrosky, and James Halle

Child-rearing practices vary considerably across cultures, as does the more narrowly defined domain of parenting practices: hence, across cultures, children develop in very different ecological contexts. Of importance in a complex or changing society is that variations in these contexts have been linked to the nature of the competencies (e.g., cognitive, social) that children develop. Because child-rearing and parenting practices reflect the historical/contextual realities of their specific ecologies, similarities and differences among ethnic/cultural groups raise important issues with regard to how parents, families and communities may view the cultural validity of any particular intervention practice. A clear picture that emerges from cross-cultural studies is that, to be effective, intervention must be based on an understanding of the intervention practice from the perspective of the parent, given his or her own cultural context and history.

Because child-rearing and parenting practices reflect the historical/contextual realities of their specific ecologies, similarities and differences among ethnic/cultural groups raise important issues with regard to how parents, families and communities may view the cultural validity of any particular intervention practice.

Many bodies of literature are relevant here, including those that address specific aspects of parenting (e.g., disciplinary practices, characteristics of parent-child interaction) in relation to specific child outcomes (e.g., social competence, school achievement), as they have been described within and across different cultural groups. In this brief overview of broad principles related to parenting as a cultural context for development, we will focus on broad concepts that will support understanding across a wide range of specific parenting arenas. A major impetus for developing this kind of understanding is to look beyond any particular parenting or child-rearing practice toward interpreting the value and significance of the practice within the particular context.

In the next section, a set of key understandings will be presented to summarize general concepts that appear

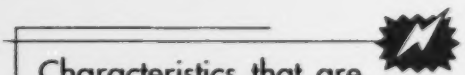
throughout this literature. These concepts depend heavily on research on, or thinking about, cultures outside of the United States and other Western cultures. The purpose in focusing on what may be less familiar to us is to highlight relationships between cultural context and parenting. No claim is made here that the same relationships found in any one cultural context will be found in another, and in fact, the purpose in this brief paper is to question just such assumptions. Similarly, conceptualizations of any particular parenting styles or child outcomes selected for discussion in this paper will not apply directly or totally to any other particular cultural group, including those within the United States. By analogy, an important learning from this review is that conceptualizations of parenting also can not be assumed to be equally applicable across cultural groups within the U.S. (Coll et al., 1996).

For the purposes of this discussion, culture is defined as a shared approach to life, based on common social norms, beliefs and values that govern the roles, communication patterns, and affective styles of those who identify with the culture (Betancourt & Lopez, 1993); thus, culture may lie within or may cross ethnic or geographic lines, or may refer to subcultures within a larger group.

Key Understandings

Child-rearing practices are part of a larger cultural system. The cultural context is composed of subsystems that mediate the child's developmental experience (Harkness & Super, 1995; Super & Harkness, 1986). These include: (a) physical and social settings which provide opportunities for specific types of interactions (e.g., when, how, what, with whom); (b) customs of child care adapted to the specific ecology and encoded in views of "good parenting," and (c) psychological characteristics of the caregivers (e.g., beliefs, ethnotheories about children and about child-rearing techniques).

Rearing of children is geared toward preparing them to become adult members of a particular culture, as well as toward developing characteristics that are valued in children. Characteristics that are valued and emphasized through child-rearing practices are those deemed necessary by members of the particular culture. Hence, valued behaviors and outcomes may be quite context specific. Harwood, Miller


Characteristics that are valued and emphasized through child rearing practices are those deemed necessary by members of the particular culture.

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and Irizarry (1995), quoting Keesing (1981), noted that "Culture itself is ultimately defined as socially transmitted behaviors which are adaptive to an environment common to a specific group of people" (p. 22).

Conceptions of self differ across cultures and are a major dimension for organizing and understanding parenting practices and how they relate to cultural goals.

What is valued in children is related to the ecological and historical context of the cultural group. The ecological context (e.g., geography, economy) heavily influences beliefs and values with respect to desirable characteristics and parenting practices (Ogbu, 1994). The history of particular ethnic, linguistic or cultural groups, particularly if those groups occupy a minority position in a larger, dominant society, may also result in different values and desired outcomes for the process of child-rearing. Beliefs about parenting, and the rituals that support them, are cultural constructs. Thus, a particular historical context may also yield parenting practices for which the rationale is no longer clear, but which are encoded in child-rearing rituals, values, and behaviors (LeVine, 1977).

The relative value placed on different developmental outcomes, including outcomes related to interpersonal interaction, affective expression, intelligence, and motor ability, differs across cultures. Because personal and interpersonal competence are therefore defined differently in different cultures, valued developmental outcomes reflect the characteristics of adults who fit within, and who will carry on, the beliefs, values and practices that support the culture. What is valued determines what will be emphasized, channeling the ways in which children will develop (Harwood et al., 1995).

Different cultural groups have different beliefs about what children are capable of, how children develop and learn, and the role of parenting in influencing development and learning. Child-rearing practices may differ dramatically depending on whether children are viewed as "growing up" or as "being raised." Beliefs about children also influence the parenting practices deemed necessary for achieving cultural goals. Hence, differences in beliefs about developmental timetables and about the role of children in society will influence both the "what" and the "how" of child-rearing.

The daily experience of children influences development through the medium of childrearing practices. Beliefs about development and the nature of childhood determine the daily experience of children, which then organizes children's experience during daily child-rearing routines (Lancy, 1996), and consequently their development and learning. The routines of daily living provide the context from which the child extracts the social, affective, and cognitive rules of his or her culture.

Conceptions of self differ across cultures and are a major dimension for organizing and understanding parenting

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practices and how they relate to cultural goals. The environmental niche within which each child develops is instrumental in the development of self-definition. One aspect of self-definition studied extensively in cross-cultural literature relates to whether individuals define themselves as independent from or as interdependent with others. This dimension of self-definition has been conceptualized and labeled in different ways (e.g., independence/interdependence [Greenfield, 1994; Markus & Kitayama, 1991]; autonomous self/related self [Kagitcibasi, 1996]). Different perceptions of self along this dimension appear to characterize different cultural groups. Personal and interpersonal qualities related to different points along this dimension are mirrored in the developmental goals of the culture, and are viewed as necessary for taking one's role as an adult member of the culture. Hence, experience of self as developed by individuals within different cultural groups is closely intertwined with beliefs about children's development and about parenting.

When multiple cultures are juxtaposed, or when changes in economic conditions change the meaning of "competence" in ways that are not addressed in values, beliefs and practices of a specific culture, cultural rules and rituals may be challenged. Not only may there be conflict among individuals from different cultural backgrounds with regard to child-rearing practices, but conflict may arise within the cultural group. Plus, any particular culture may have child-rearing practices that do not support development toward necessary goals of the larger society. Members of non-dominant cultures may develop strategies for being part of more than one culture, and parenting practices may be adopted for achieving that goal (Coll et al., 1996). Members of different socio-economic classes within larger cultural or ethnic groups may also have different socialization goals and views of appropriate parenting practices, such that there are similarities and differences horizontally across cultures as well as vertically within a particular culture (Howard & Scott, 1981). This is in line with a view of culture as a response to the constraints of different resource environments (Ogbu, 1994).

Cultural beliefs, values and behaviors with regard to children with disabilities may differ substantially from those that guide child-rearing practices in general. Individuals from different cultures may perceive disabilities very differently, depending upon the same factors (e.g., ecological, historical) that form the basis of other beliefs, values and behaviors. Hence, views of disability interact with views of child-rearing such that members of a culture may hold different beliefs about appropriate parenting with infants and young children with disabilities than they do with respect to other children.

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Sample Applications

Two particular contexts of variations in child-rearing are described here to illustrate the importance of the key understandings outlined above: (a) interactive play between parents and infants, and (b) disciplinary practices. Variations in each of these areas make a great deal of sense when viewed from within the perspective of cultural contexts of child-rearing and socialization. Both also have importance for early intervention and early childhood education.

Behavior that is valued in the Western literature, such as praising one's child, may be devalued in another as conveying that the child is doing well enough and does not need to try to do better.

Research on parent-infant interaction has consistently pointed to the relationships between particular characteristics of early interactions (e.g., joint attention, turn-taking, balance of adult-child roles, mutual enjoyment, responsiveness to the infant's signals) and different types of developmental outcomes (e.g., attachment, language acquisition, achievement). The basic assumption of intervention directed toward assisting parents to integrate these characteristics into their interactions with their infants is that, if accomplished, infants will be afforded with more optimal developmental environments.

Viewed from a cross-cultural perspective, however, it is not known which of these characteristics/constructs is meaningful to parents of different cultural backgrounds. Differing cultural goals, supported by differing child-rearing routines, may not be achieved in these ways, or may not be deemed important by parents.

Cross-cultural studies have found differences among parents of different cultures in these characteristics. However, the results have often been confounded by (a) a lack of distinction between socioeconomic and cultural differences in study participants, and (b) a lack of interpretation of characteristics of interaction from the parents' perspectives. It may be that these behaviors, or the interpretation given to them in the West (from which most of this research is derived), are in conflict with values, beliefs and practices of parents from other cultural backgrounds. Further, the meanings given to specific interactive behaviors may be interwoven within the fabric of the culture in ways that are not easy to separate out. Markus and Kitayama (1991) demonstrated that differing cultural emphases on independence and interdependence might be intertwined with the characteristics of many types of interpersonal interactions, including those that are a part of parenting. With respect to parent-child interaction, for instance, Chao (1990) contrasted the meaning of behaviors used to define "authoritarian" parenting with those used to define "authoritative" parenting, demonstrating how child training, which would be interpreted as

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"directiveness" in the West, is interpreted by Chinese mothers not only as being supportive of development, but as being a maternal responsibility. Behavior that is valued in the Western literature, such as praising one's child, may be devalued in another as conveying that the child is doing well enough and does not need to try to do better.

Similar conclusions may be drawn about disciplinary practices. Discipline, as one aspect of child socialization, is directed toward assisting children to internalize moral standards and values considered important in the culture. Disciplinary practices therefore can be linked to socialization goals and parenting practices that evolved within the ecology of the particular culture. Kagitcibasi (1996) demonstrated that the meaning of "intelligent" varies across cultures, with social meanings being more important than cognitive meanings in cultures where social interaction is of primary importance for survival.

Within the United States, parenting goals that guide practices geared toward teaching children to survive within a larger, dominant culture, might well require disciplinary practices different from those of the majority culture. Thus, the "harshness" described in African-American parents may reflect the goal of teaching children to blend into settings dominated by a different and sometimes hostile majority culture. Another aspect of disciplining that may differ across cultural groups is the way in which different contexts are used for teaching appropriate behavior. For instance, Miller et al. (1997) describe how the purposes of personal storytelling differ between Taiwanese and European-American families, with the latter using stories about their toddlers as entertainment and affirmation, and the former using them to teach moral and social standards. An understanding of disciplinary practices may therefore necessitate an open-minded look at environments into which socialization practices are embedded. Any particular disciplinary practice may have very different meanings across cultures and very different consequences for the child's development.

Within the United States, parenting goals that guide practices geared toward teaching children to survive within a larger, dominant culture, might well require disciplinary practices different from those of the majority culture.

Conclusion

Particular parenting practices do not stand alone, but rather are situated within systems of beliefs, values and behaviors. Child-rearing practices may be defined as cultural adaptation that has been encoded into rituals, beliefs, values and behaviors, situated within beliefs about what and how children develop and learn, and directed toward the socialization goals of the culture. Thus, the meaning of any parenting practice may have very different meanings across cultures.

Similarly, any given developmental goal (e.g., development of a sense of self) may be achieved in very different ways across cultures. Given this perspective, several key issues for intervention practice exist.

The same parenting behaviors may not have the same meaning across cultures; they may be interpreted differently by children, and may have different influences on development. Further, they may serve important functions within the context of the culture and the family. Interpretation is in the eye of the beholder. Constructs that have meaning in one culture may have different meanings (or may be unmeaningful) in another. This has major implications for the construct validity of measurement instruments used in intervention settings. Included within this are measures of parenting practices (e.g., measures of the qualities of parent-infant interaction or of authoritative vs. authoritarian parenting styles).

Parents and families must be viewed through their own eyes, using research related to different influences on parenting to inform our developing understanding.

Culturally situated parenting goals, roles and rituals, as well as child-rearing arrangements typical of a cultural group, will determine how families view the goals, roles and rituals of early intervention. Goals and outcomes (what is being fostered/changed) as well as definitions of "teaching" may be major points of misunderstanding between families and interventionists. At the same time, this must be balanced with what may be required of the child within the context in which he or she will need to function as an adult.

Using the definition of culture outlined earlier, cultural views of child-rearing in a society with multiple cultures and subcultures may be influenced by many factors, including socioeconomic status, minority status, generation, acculturation. Child-rearing beliefs, values and practices also will be based on one's own childhood experiences and own unique configuration of cultural heritage. "Culture" can not be inferred from any individual factors, and individuals and families can not automatically be viewed as exemplars of a particular culture. Thus, parents and families must be viewed through their own eyes, using research related to different influences

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on parenting to inform our developing understanding.

Strategies must be developed for increasing cross-cultural understanding both in general and in relation to individual families, with the goal of seeing through the eyes of the family and the child. In addition, individuals who are members of multiple cultures must reflect on their own behavior and values from within the combination of these contexts. Interventionists should take no practice at face value, but instead should question and reflect on the beliefs and historical contexts in which it is based. Judgments about parenting practices can be made only within the context of what is appropriate for individuals from the particular culture. Finally, intervention practices must be designed within a broad framework of assisting children, interventionists, and families to build acceptable, two-way bridges between the cultural context of their own individual microsystems and the broader societies that form (and will form) the macro-contexts of their daily lives and practices.

Interventionists should take no practice at face value, but instead should question and reflect on the beliefs and historical contexts in which it is based.

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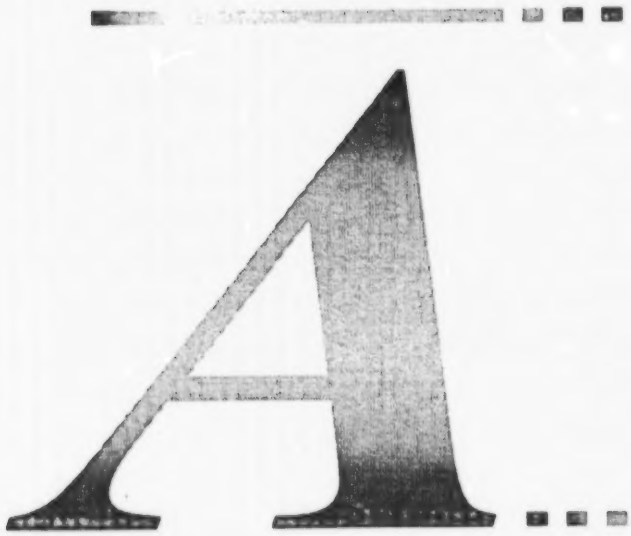

About C·L·A·S

About the CLAS Early Childhood Research Institute

Early Childhood Research Institute on Culturally and Linguistically Appropriate Services

University of Illinois at Urbana-Champaign
The Council for Exceptional Children
University of Wisconsin-Milwaukee
ERIC Clearinghouse on Elementary and Early Childhood Education
ERIC Clearinghouse on Disabilities and Gifted Education

Overview

The Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS) is a federally-funded collaborative effort of the University of Illinois at Urbana-Champaign, The Council for Exceptional Children, the University of Wisconsin-Milwaukee, the ERIC Clearinghouse on Elementary and Early Childhood Education, and the ERIC Clearinghouse on Disabilities and Gifted Education. The CLAS Institute is funded by the Office of Special Education Programs of the U.S. Department of Education.

The CLAS Institute identifies, evaluates, and promotes effective and appropriate early intervention practices and preschool practices that are sensitive and respectful to children and families from culturally and linguistically diverse backgrounds. CLAS has several basic assumptions which define and guide its work. CLAS' goals are outlined below, as well as some of the issues and concerns important to our work. Finally, a brief overview is included about the outcomes we anticipate accomplishing by the end of this project.

Assumptions

We adhere to the following fundamental beliefs in our research, training and dissemination activities:

Assumptions About Culture and Language:

1. Individuals and families are members of multiple cultures.
2. Cultures are multi-faceted and dynamic.
3. Multilingualism is an asset.
4. A solid foundation in one's primary language contributes to acquisition of a second language.
5. Cultural competence is a process entailing lifelong learning.

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ABOUT THE CLAS INSTITUTE

6. Many people have not had an equal voice, equal representation or equal access to health and education services. We recognize that institutional racism continues and will address issues of access and equity in the search, review, and dissemination of materials.
7. Beliefs and attitudes about culture and language shape outcomes; positive beliefs contribute to inclusiveness; negative beliefs undermine it.

Assumptions About the Work of the Institute:

1. Culturally and linguistically diverse practitioners and families will be involved in the work of the Institute as advisors, reviewers, and evaluators.
2. Materials will reflect the intersection of culture and language, disabilities and child development.
3. A range of strategies or approaches will be identified from which practitioners, families, and researchers can make an informed selection of practices or materials. In our dissemination of reviewed materials, we will not advise or prescribe solutions but will facilitate better questions regarding material selection.
4. Products will be "user amorous" and our evaluation will in part focus on the usability and impact of these products.

The work of the Institute is complex, challenging, and developmental in nature.

Goals

The CLAS Institute identifies, collects, reviews, catalogs, abstracts, and describes materials and practices developed for children and families from culturally and linguistically diverse backgrounds, and professionals who work with them. In the latter years of this five-year Institute, CLAS will identify gaps in existing materials and practices, prepare translations of a limited number of materials, and pilot-test a limited number of promising materials to ensure that effective early intervention practices are available to families and service providers who work with them. CLAS will:

1. Create a resource bank and catalog of validated culturally and linguistically appropriate materials, and of documented effective strategies, for early intervention and preschool services.
2. Conduct a review of materials by experts in the fields of early childhood education, early intervention/early childhood special education, and in multicultural education, considering issues not only of effectiveness but also of social, cultural, and linguistic acceptability to children and families from culturally and linguistically diverse backgrounds.
3. Evaluate and validate selected materials through field testing of the materials with culturally and linguistically diverse backgrounds.
4. Disseminate reviewed materials and practices that meet the dual criteria of (1) effectiveness and (2) cultural and linguistic appropriateness for all relevant stakeholders.

About the Authors

FROM SECTION 1:

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Georgia (Joey) is a faculty collaborator for the CLAS Institute, an associate professor in the Departments of Curriculum and Instruction and Educational Policy Studies, a Faculty Affliate in the Latina/o Studies Program, and Associate Head of the Department of Curriculum and Instruction at the University of Illinois at Urbana-Champaign. Her areas of specialization include the literacy development, instruction, and assessment of students (preschool through eighth grade) from diverse cultural, linguistic, and economic backgrounds. Much of her current research focuses on bilingual education and the language/literacy development of second-language learners of English. She has been a Fellow in the Bureau of Educational Research and a Senior Scientist at the Center for the Study of Reading. She is on the Board of Directors of the National Reading Conference and a member of the editorial advisory boards of *Reading Research Quarterly* and the *Journal of Literacy Research*. She was guest editor of a themed issue on multicultural literacy research and practices for the *Journal of Literacy Research* and currently is co-editing a book on multicultural literacy.

FROM SECTION 2:

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Ruth is an associate professor in speech and hearing science and a faculty collaborator for the CLAS Institute. She is a recognized scholar in the area of child language impairments. She has been Principal Investigator of a personnel preparation grant, Early Intervention for a Diverse Population, funded by U.S. Department of Education/OSEP. She has also directed an NIH/NIDCD project assessing language competencies in children with disabilities. She has developed a specialized teaching program that emphasized service delivery to multicultural children and families. Ruth and her colleagues have initiated a clinical training program for speech and hearing science students in settings that serve culturally and linguistically diverse populations, including inner city settings. Dr. Watkins has edited a book with Dr. Mabel Rice on the topic of specific language impairments in children, and has written

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numerous research articles and book chapters on topics related to language development and impairments in young children. Her research activities involve studies of linguistic challenges facing children with language impairments, as well as factors that influence language learning. She is associate editor for early childhood language of the *Journal of American Speech-Language Pathology*. She is on the editorial boards of the *Journal of Speech and Hearing Research* and *Language, Speech and Hearing Services in Schools*.

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Janet is a bilingual speech and language pathologist and has been working with the Latino community for approximately ten years in urban and rural settings. Her work in the last five years has involved research in socio-linguistics, second-language acquisition, effective classroom interventions with bilingual children, and cultural views of disability. She holds the Certificate of Clinical Competence from the American Speech-Language-Hearing Association, and is a certified trainer of personnel in bilingual special education. Presently, she is a candidate for the doctoral degree in bilingual education from the University of Illinois. From 1997-2000, she was a graduate assistant for CLAS Early Childhood Research Institute.

FROM SECTION 3:

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Tess is an assistant visiting professor of special education at the University of Illinois and a faculty collaborator for the CLAS Institute. She conducts cross-cultural research regarding families of children with disabilities, and issues related to Head Start including welfare reform, parents with special needs, and inclusion. Tess is the director of the Region V Great Lakes Quality Improvement Center for Disabilities, which provides training, technical assistance and consultation to Head Start programs in Illinois, Indiana, Ohio, Wisconsin, Michigan, and Minnesota. In 1992-1993, she held a Fulbright Scholar Award to study social support and families of children with disabilities in Norway. She is interested in studying barriers to the involvement of families from culturally and linguistically diverse backgrounds in the education of their child. In 1997, Tess was president of the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC).

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Chun Zhang is currently an assistant professor at the Division of Curriculum and Teaching at Fordham University. She graduated with a Ph.D. from the Department of Special Education at the University of Illinois at Urbana-Champaign. She had worked in China as a kindergarten teacher and a university instructor for eight years before coming to the U.S. She also worked as a facilitator and supervisor for inclusive playgroups for families of children (birth to three) with and without disabilities at the University of Illinois. Her areas of interest have been children and families from culturally and linguistically diverse backgrounds; family support; family-centered practice; the Individualized Family Service Plan (IFSP); and the Individualized Education Plan (IEP). She has written and published several articles in these areas.

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Laura obtained her master's degree in early childhood education, Department of Curriculum and Instruction at the University of Illinois in Urbana-Champaign in 1997. She also received her undergraduate degree in early childhood and special education from the University of Illinois. While pursuing her master's, Laura worked as a graduate research assistant for the Resource Access Project (RAP), which is now called the Great Lakes Quality Improvement Center for Disabilities. In addition Laura contributed to the CLAS Early Childhood Research Institute, working with Tess Bennett completing literature searches. She has written articles with Chun Zhang and Tess Bennett focused on identifying and meeting the educational needs of families of children with special needs in today's multicultural world. Following graduation. Laura accepted a position as a fifth-grade teacher. She and her husband recently became the proud parents of their first child. Laura is staying home full-time to care for her son, Will.

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Jeanette is a Professor Emeritus of early childhood special education, and a faculty collaborator for the CLAS Institute. She has written extensively on parent-child interaction and its role in children's development. Most recently, her research has addressed cultural variation in parent-child interaction and the implications of parental belief systems for interaction and intervention. A primary focus of Jeanette's career has been the quality of early intervention personnel, and she hopes to contribute further to this area by contributing to cross-cultural understanding.

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Tweety is a visiting research assistant professor in early childhood special education at the University of Illinois, and a faculty collaborator for CLAS Early Childhood Research Institute. She is presently coordinating two federal grants. One project is a research grant that focuses on the replication and evaluation of a parent-child interaction model and the other is an outreach grant that focuses on training and replication of a model that promotes developmental and readiness skills through a creative arts curriculum. Most recently, her research has addressed cultural variation in parent-child interaction and the implications of parental belief systems for interaction and intervention. Her primary research interests include parent-child interaction and personnel preparation.

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Dr. Ostrosky is an associate professor of special education, coordinator of the personnel preparation program for master's students in early childhood special education, and faculty collaborator for CLAS Early Childhood Research Institute. Dr. Ostrosky has been a Faculty Fellow in the Bureau of Educational Research, during which time she conducted several studies on the topic of transition, especially transitions encountered by young children who are enrolled in multiple programs. Dr. Ostrosky has been Principal Investigator of several personnel preparation grants, at both the masters and doctoral levels. She is the Editor of *Young Exceptional Children*, DEC's practitioner journal, and she is on the editorial board of *Topics in Early Childhood Special Education*. She recently co-edited (with Susan Sandall) two monographs, *Practical ideas for addressing challenging behaviors* and *Natural environments and inclusion*. She taught in Japan for one year, and was a teacher of individuals with severe disabilities, including deaf-blindness, for several years.

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Jim is a professor of special education at the University of Illinois and faculty collaborator for the CLAS Institute. His current research focuses on the communication efforts of young pre-linguistic children with developmental disabilities and the ways in which their social partners respond to their communication attempts. His program of research evolved from a focus on adopting the natural environment as the context for teaching learners with moderate and severe disabilities to use language functionally. The identification of environmental variables that occasion and support communication and that mediate generalized use of language are central to his research. He has investigated conditions that promote spontaneous and generalized communication by learners with severe disabilities; general-case strategies for teaching young children language in everyday environments; and assessment of communicative function of pre-linguistic behavior of learners with more severe intellectual disabilities. His program of research has been supported by federal grants for more than 10 years. He has been editor of the Journal of the Association for Persons with Severe Handicaps and associate editor of the Journal for Applied Behavior Analysis. In both his research and his clinical experience, he has had numerous opportunities to work with children from diverse cultural backgrounds.

For more information on the CLAS Early Childhood Research Institute ...

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